IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

(I)

PERMIT# 137463 PIN# 4705315030 DATE 11 Sept. 06

OWNER OR APPLICANT Heritage Bld. - Rick Dyson PHONE: Business 704-902-4680 Home 704-528-6644

ADDRESS 120 Hickory Point Court Statesville, N.C.

LOCATION 127 Alexander Knoll Dr. Statesville, N.C.

SUBDIVISION Alexander Knoll BLOCK / SECTION ____ LOT 51 LOT AREA 0.58 ac. SITE CLASS PS DESIGN FLOW 360 g/day L.T.A.R. 0.3 g/ft²/day

Septic Tank: 1000 Gallons: STB 137463 Date 4-23-06

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 3' Max Trench Bottom Depth 27" Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

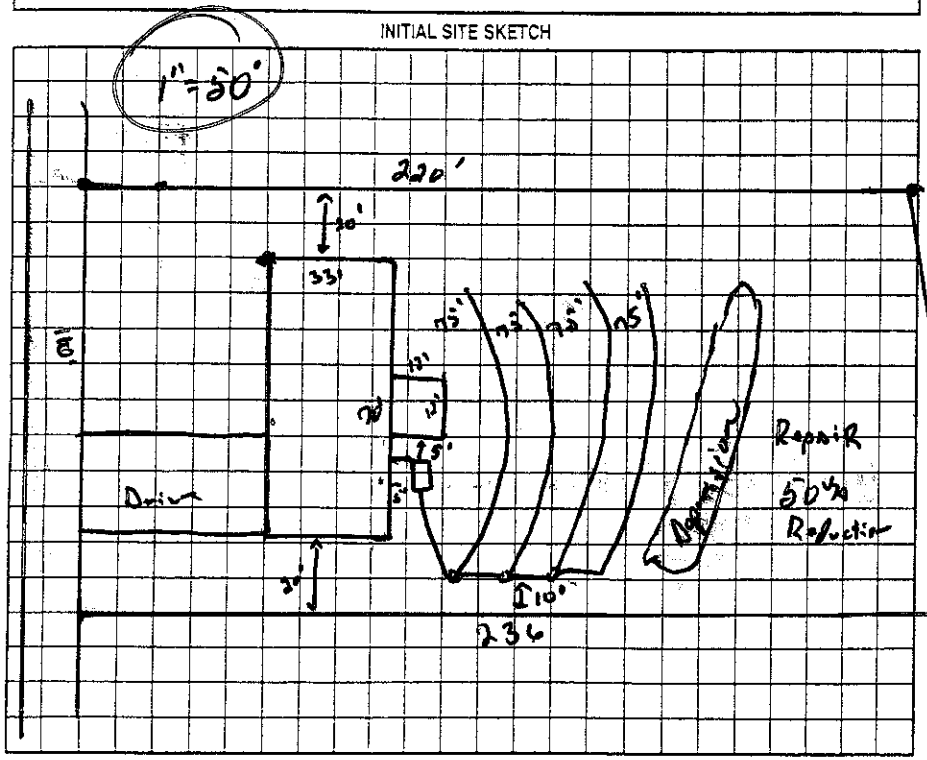
Comments:/Conditions:

Max trench depth 27"

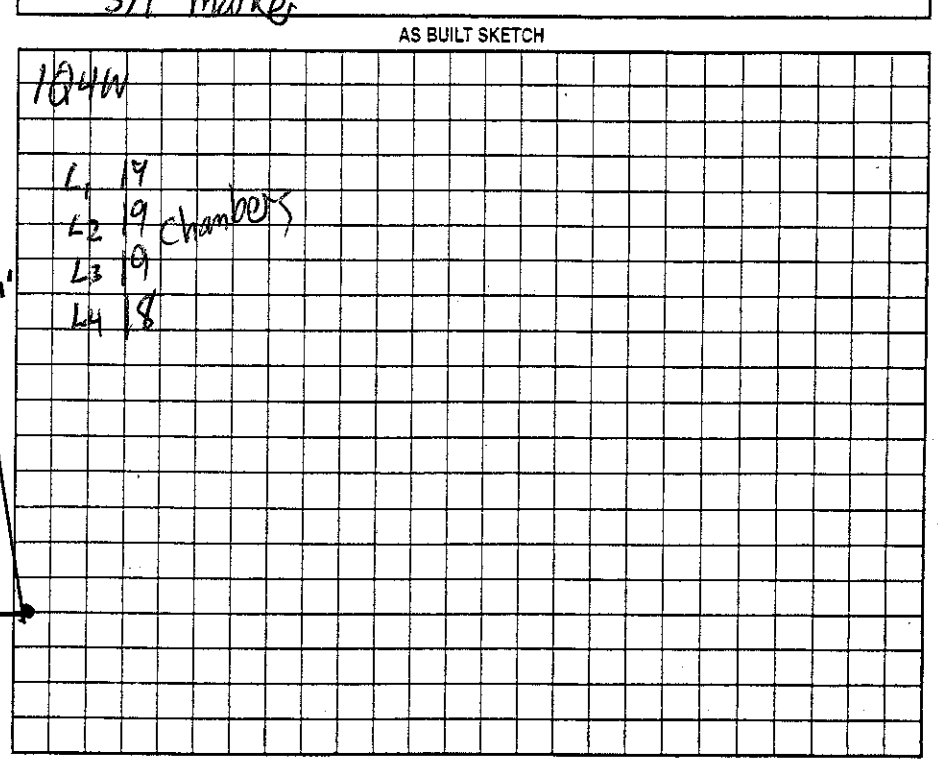
Comments:/Conditions:

Yellow Filters
S/T marker

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 9-11-06

Improvement Permit by: ____, R.S. date 11 Sept. 06

Authorization to Construct by: ____, R.S. date 11 Sept. 06

Installed by: Tommy Frye

Operation Permit by: ____ date 12-13-06

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK