(CT)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139326 PIN# 4705315151 DATE 29 Nov 06

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

ADDRESS 100 Hickory Point Court Statesville NC 28677

LOCATION 133 Alexanders Knoll Dr. Statesville, N.C. 28625

SUBDIVISION Alexanders Knoll BLOCK / SECTION 2 LOT 52 LOT AREA 0.62 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd/ L.T.A.R. 0.3g/1ft²/day

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT 1012 Date 9-11-06

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: 25% Reduction Approved

Repair System Description: 25% Reduction Accepted

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

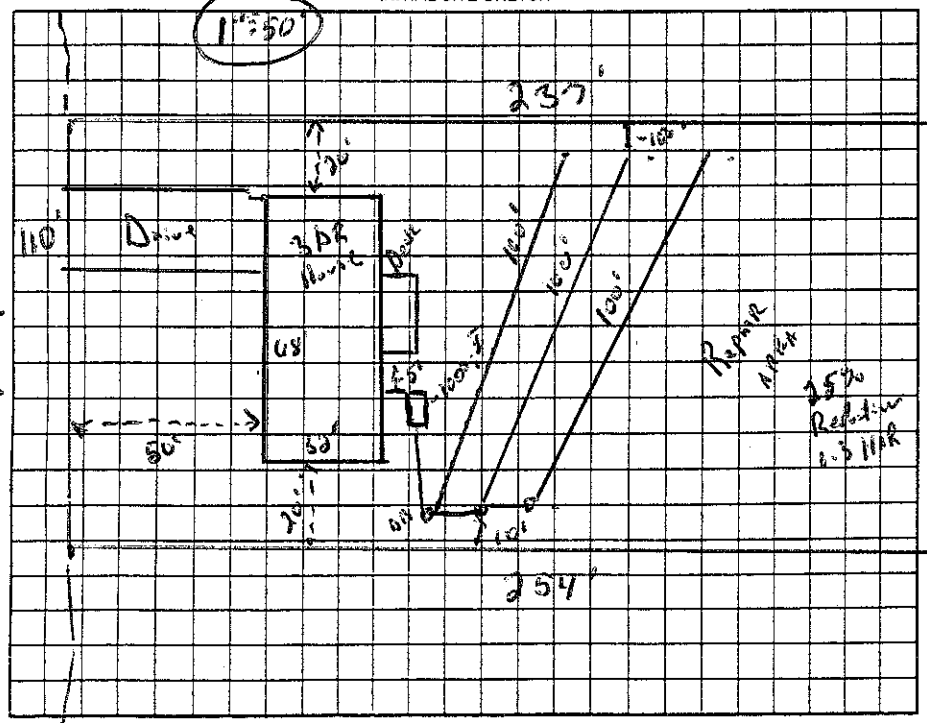
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow Contour / Cut of terrace / use 3 drop boxes / May be installed as 4 lines /

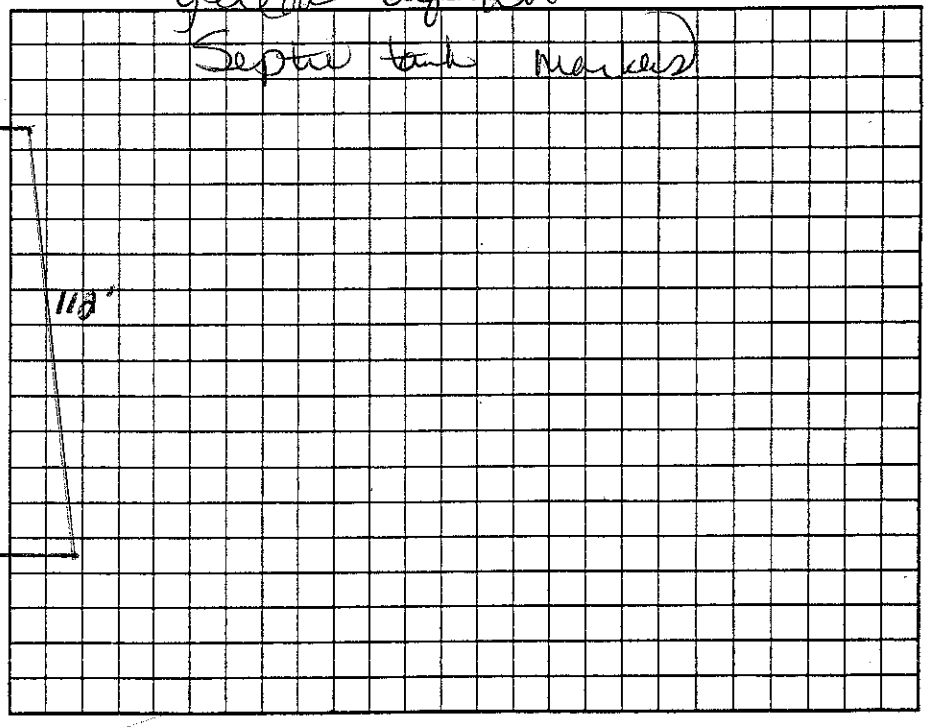
Comments:/Conditions:

End cap yellow to state Septic tank marked

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 _____

Improvement Permit by: _____, R.S. date 1 Dec. 06

Authorization to Construct by: _____, R.S. date 1 Dec. 06

Installed by: Tommy

Operation Permit by: _____ date 3-15-07

Existing System Inspection by: _____ date _____

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