CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139327 PIN# 4705315263 DATE 1 December 06

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

ADDRESS 120 Hickory Point Court Statesville, NC 28677

LOCATION 139 Alexander Knoll Drive / Take Rt. off mtn. TR Alexander Knoll - Lot on L

SUBDIVISION Alexander Knoll BLOCK / SECTION 2 LOT 53 LOT AREA 0.662ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3g/ft²/day

Septic Tank: 1000g Gallons; STB 11072 Date 12-4-06
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 36" Max Trench Bottom Depth 28" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - Accepted
Repair System Description: 25% Reduction - Accepted
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

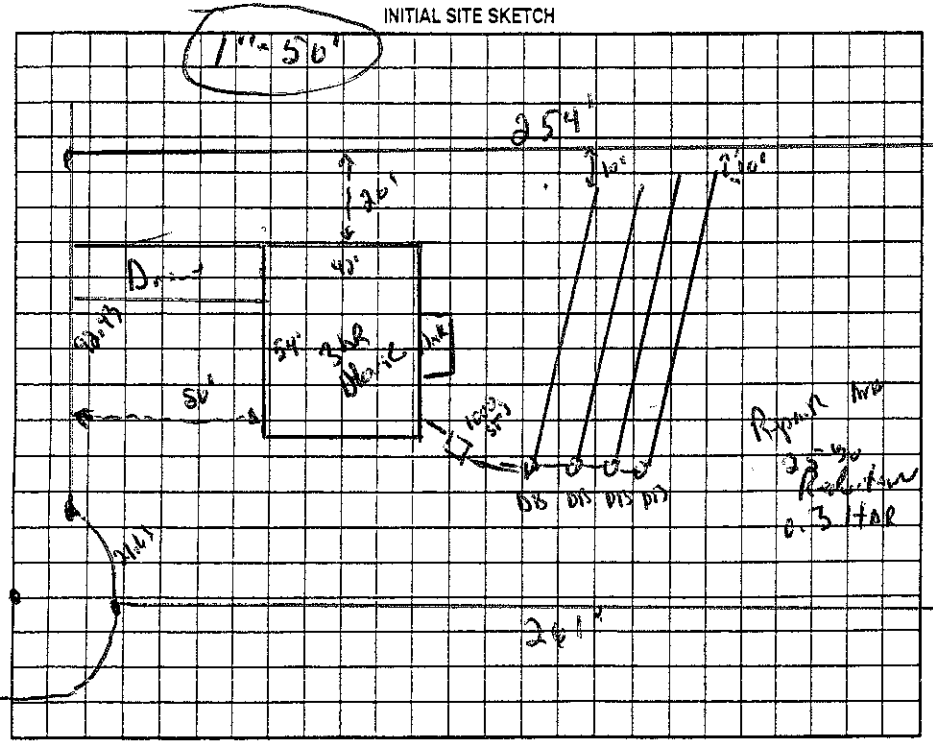
Water Supply: ☐ Individual ☑ Public ☐ Community

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

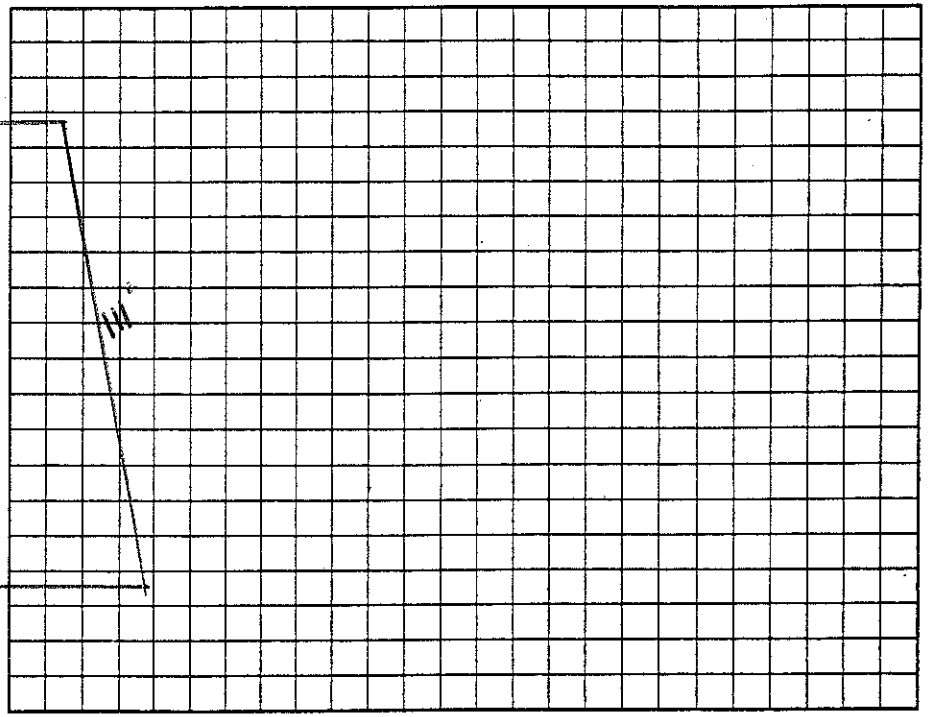
Comments:/Conditions: Follow Contour / Remove terrace / use 4 drop boxes / 28" max. trench depth

Comments:/Conditions: Green tuf tite Septic Vent 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 12-4-06 Installed by: Tommy Tuttle

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

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

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