# IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 121830 PIN# 4705-31-~~7553~~ 97 DATE 9-28-04

OWNER OR CONTRACTOR Heritage Bldg Co. PHONE: Business (704) 528-6644 Home —

ADDRESS 120 Hickory Place Court Statesville NC. 28677

LOCATION I-40W (R) 6th mile Rt (R) Alpine Circle on Left

SUBDIVISION Alexander Knoll BLOCK / SECTION — LOT 45 LOT AREA .646 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 sq ft

Septic Tank: 1000 Gallons; STB 1012 Date 9-23-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq to 1200 Linear Feet 300'
No Lines 4 Trench Width 36 Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Rep of 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

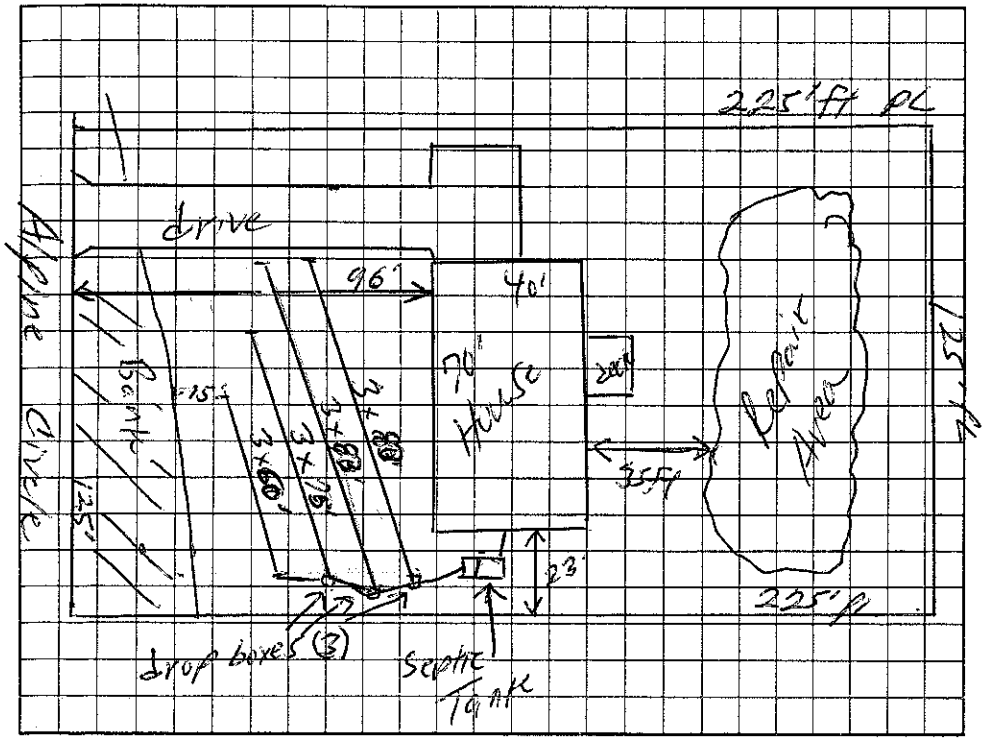
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: ① Install lines on Contour ② Do not water when wet ③ Mention proper set backs

Comments:/Conditions:
60 75 88 83 301' — TUFFTITE FILTER MARKER

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED 15' OFF CUT EMBANKMENT & INSTALLER SHOWED ME P/L & SYSTEM IS 10' OF P/L THAT WAS SHOWN INSTALLED AS DRAWN

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: [signature] date 9-28-04 Installed by: Tommy Frye

Improvement Permit by: William C. Johnson date 9-28-04 Operation Permit by: [signature] date 3-30-05

Authorization to Construct by: William C. Johnson date 9-28-04 Existing System Inspection by: ____ date ____

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