Permit # 168336 for outbuilding addition 8/25/11.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143250 PIN# 4705 31 8048 DATE 16 July 07

OWNER OR APPLICANT Heritage Bld. PHONE: Business 704-528-6644 Home

ADDRESS 120 Hickory Pl. Ct. Statesville, N.C.

LOCATION Old Mtn. Rd. Turn into Alexander Knolls

SUBDIVISION Alexander Knolls BLOCK / SECTION 2 LOT 58 (58) LOT AREA 0.67ac. SITE CLASS. ~~PS~~ DESIGN FLOW 360gpd L.T.A.R. 0.3 gpd/sf

Septic Tank: 1000 Gallons; STB Standard Date 4-3-07

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 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Red.

Repair System Description: 25% Red.

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

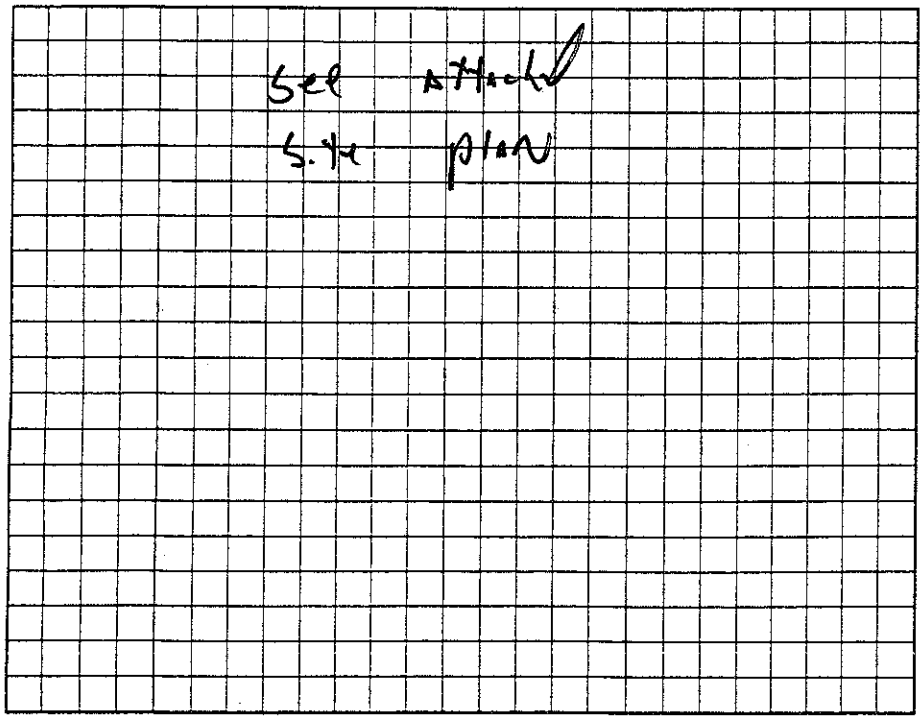
Water Supply: ☐ Individual ☒ Public ☐ Community

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

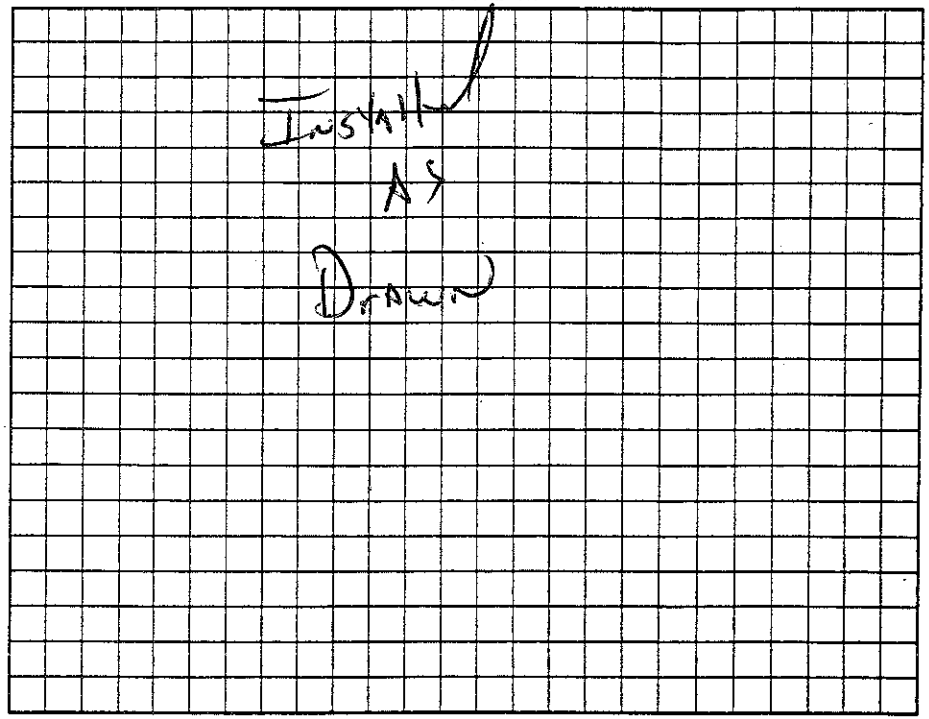
Comments:/Conditions:

Comments:/Conditions: 5T Tank marker / Tough-Tite S. Haven

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: [signature] date 7-16-07

Improvement Permit by: [signature], R.S. date 16 July 07

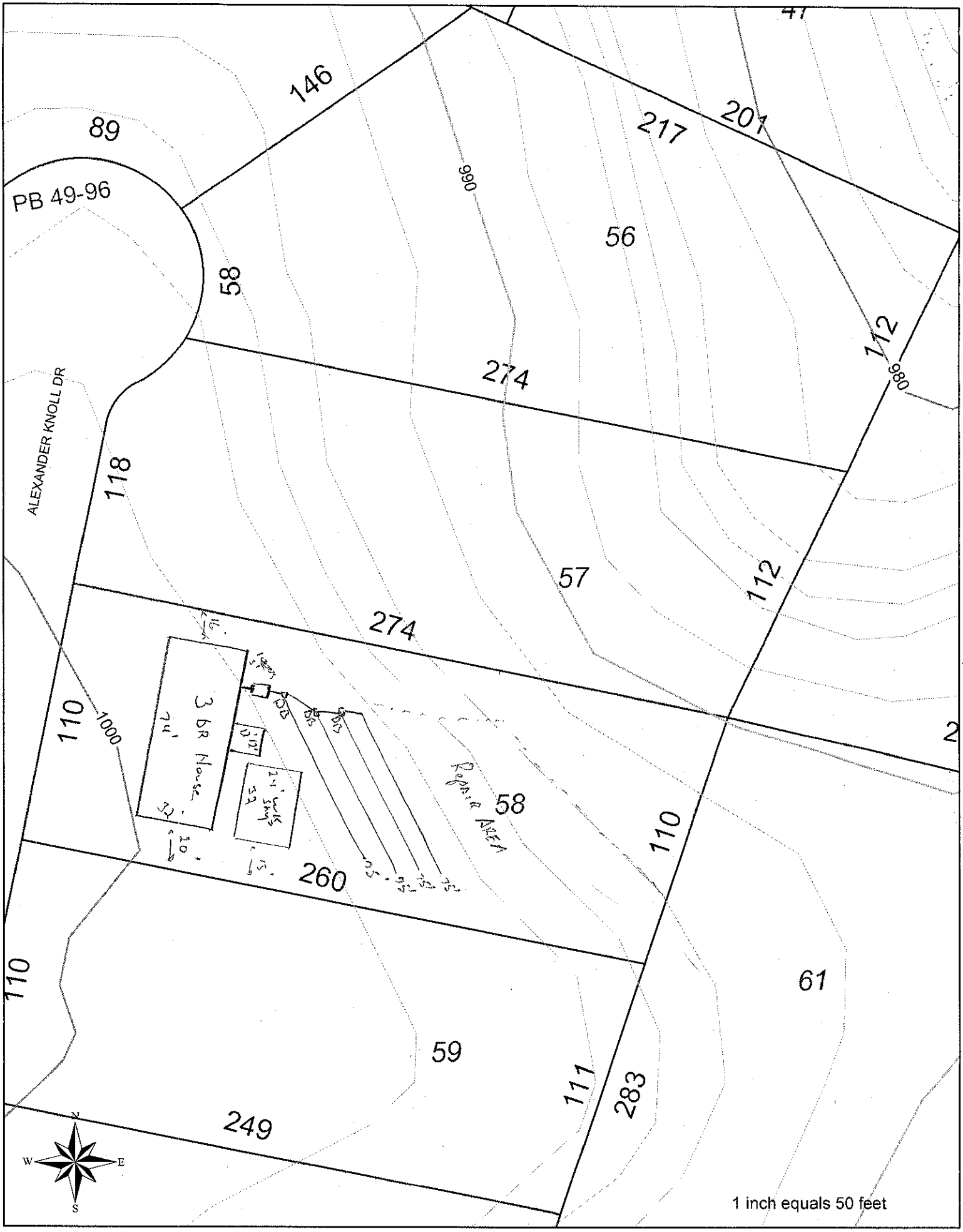
Authorization to Construct by: [signature], R.S. date 16 July 07

Installed by: Tough Grading

Operation Permit by: [signature], R.S. date 8 Oct. 07

Existing System Inspection by: ____ date ____

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


146
89
PB 49-96
990
217
201
56
58
112
980
274
ALEXANDER KNOLL DR
118
57
112
274
110
1000
3 br House
74'
10'12'
24' Gunite Pool
32'
10'
15'
260
Repair Area
58
110
2
110
61
59
111
283
249
N
W
E
S
1 inch equals 50 feet