Replaces Permit issued 12/4/07 (ad)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14437 PIN# 4705-31-9229 DATE 20 June 08

OWNER OR APPLICANT Heritage Builders PHONE: Business 704-528-6644 Home 704-902-4680

ADDRESS 120 Hickory Pt. Ct. Statesville

LOCATION Old Mocksville Rd. Turn into Alexander Knoll

SUBDIVISION Alexander Knoll BLOCK / SECTION 2 LOT 56 LOT AREA 0.564ac. SITE CLASS P3 DESIGN FLOW ~~360~~ 480 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-25-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth _____ ☐ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

Located 5ft to the Septic main

INITIAL SITE SKETCH

See Attached Layout Plan

AS BUILT SKETCH

End up Distribution 40@10' each

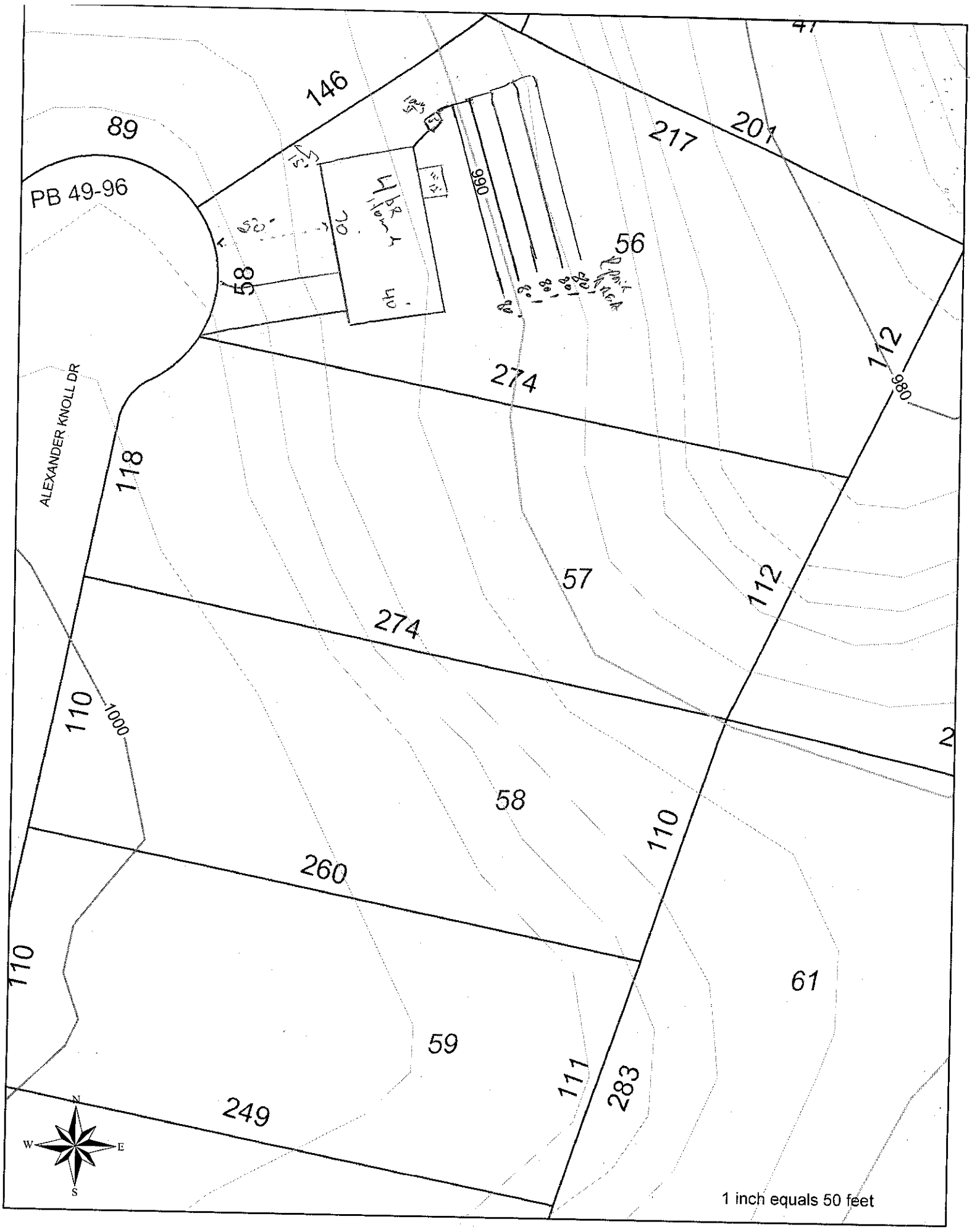
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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 12/1/08 Installed by: Tommy Cook

Improvement Permit by: _____, R.S. date 20 June 08 Operation Permit by: _____ date 8-4-08

Authorization to Construct by: _____, R.S. date 22 June 08 Existing System Inspection by: _____ date _____

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


146
89
PB 49-96
58
56
217
201
990
274
112
980
ALEXANDER KNOLL DR
118
57
274
112
110
1000
58
110
260
110
61
59
111
283
249
N
W
E
S
1 inch equals 50 feet