IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93585 PIN# 4705 40 2776 DATE 1/9/01

OWNER OR CONTRACTOR Heritage Building Co, PHONE. Business 902-0880 Home

ADDRESS 120 Hickory PT Cir Statesville NC 28677

LOCATION Old Mtn., R Alpine on Lt

SUBDIVISION Alexander Knoll BLOCK / SECTION LOT 25 LOT AREA .57AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1612 Date 8-21-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ~~12~~

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduc.
Repair System Description: Pump 25% Red
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

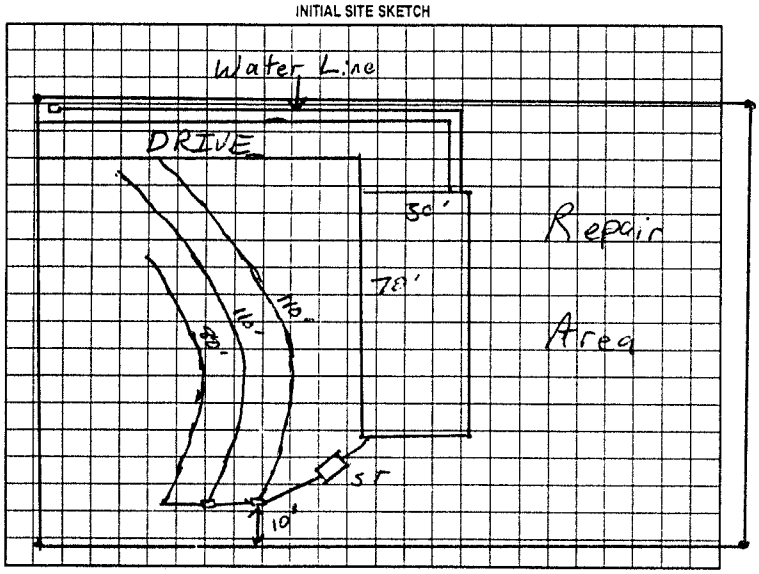
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply:
☐ Individual
X Public
☐ Community

Comments./Conditions:
Water line Needs to be a Minimum of 10' from Septic System

Comments./Conditions:
-Poly lok Filter Installed
-3d - 10ft Sections ~~Extra~~ Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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 2-6-01

Improvement Permit by: RST date 1/9/01

Authorization to Construct by: RST date 1/9/01

Installed by: Tommy Frye

Operation Permit by: William O Johnson date 4/15/02

Existing System Inspection by: date

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