11:30 2:06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134620 PIN# 4772963814 DATE 6-16-06

OWNER OR APPLICANT Steve Alberty PHONE: Business _____ Home 704 450 0954

ADDRESS 363 Knox Farm Rd

LOCATION Hwy 70 E., R on Knox Farm Rd. Last drive on left before you get to creek ~1 mile off 70

SUBDIVISION n/a BLOCK / SECTION _____ LOT _____ LOT AREA 5.12 Ac SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1000 Date 11-27-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300' total
No Lines 3 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth n/a ☒ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

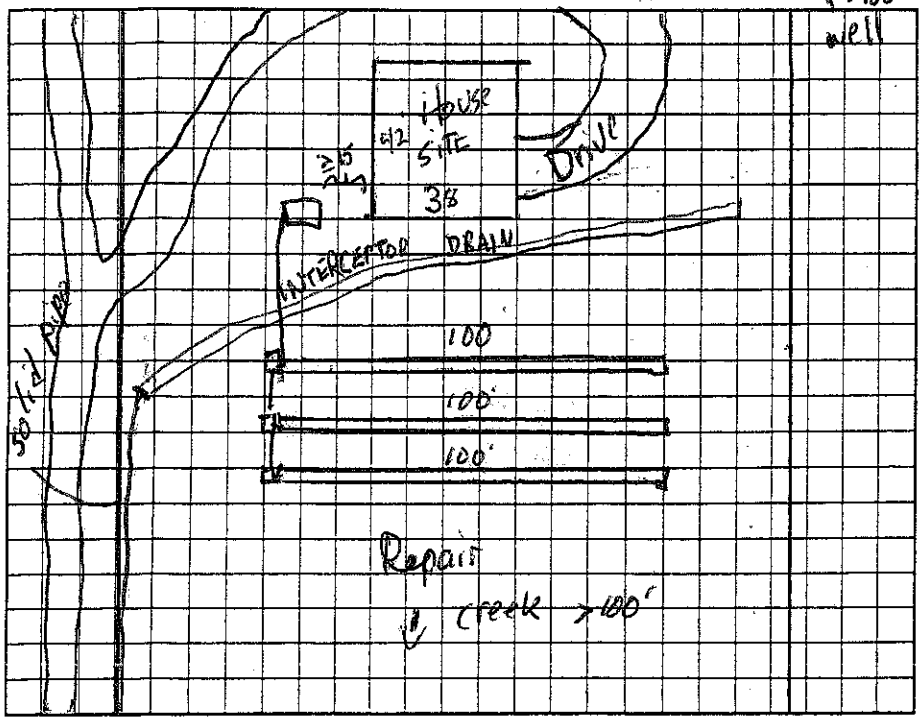
Water Supply: ☒ Individual ☐ Public ☐ Community

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

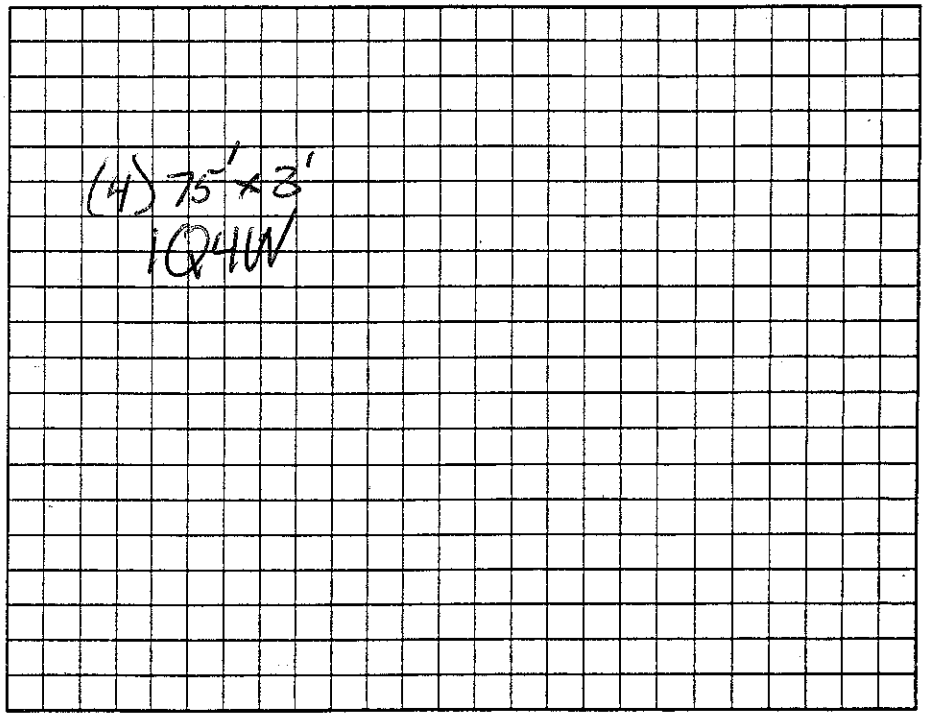
Comments:/Conditions:
20" Maximum Trench Depth

Comments:/Conditions:
Brown Filter

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: Steve Alberty date _____
Improvement Permit by: _____ date 6-16-06
Authorization to Construct by: _____ date 6-16-06

Installed by: Steve Alberty
Operation Permit by: _____ date 12-31-07
Existing System Inspection by: _____ date _____

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