(C1) + Replaces Permit # 25141 Issued 11-2-96

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137956 PIN# 3774823564 DATE 9 October 06

OWNER OR APPLICANT Alan & Grace Nyquenine PHONE: Business 704-655-4553 Home 704-464-4071

ADDRESS 2458 Wellesbourne Ln. Sherrills Ford, N.C.

LOCATION 176 Ridge Point Dr. Stony Point, N.C.

SUBDIVISION Riverwalk BLOCK / SECTION 5 LOT 12 LOT AREA 0.661 SITE CLASS. PS DESIGN FLOW 360 gld L.T.A.R. 0.3 gl/d/Ft²

Septic Tank: 1000 Gallons; STB RST 825.1000 Date 2-22-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines 4 Trench Width 2' Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 50% Reduction - Gravity

Repair System Description: 50% Reduction - Pressure dosed

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 2 No. Employees ____

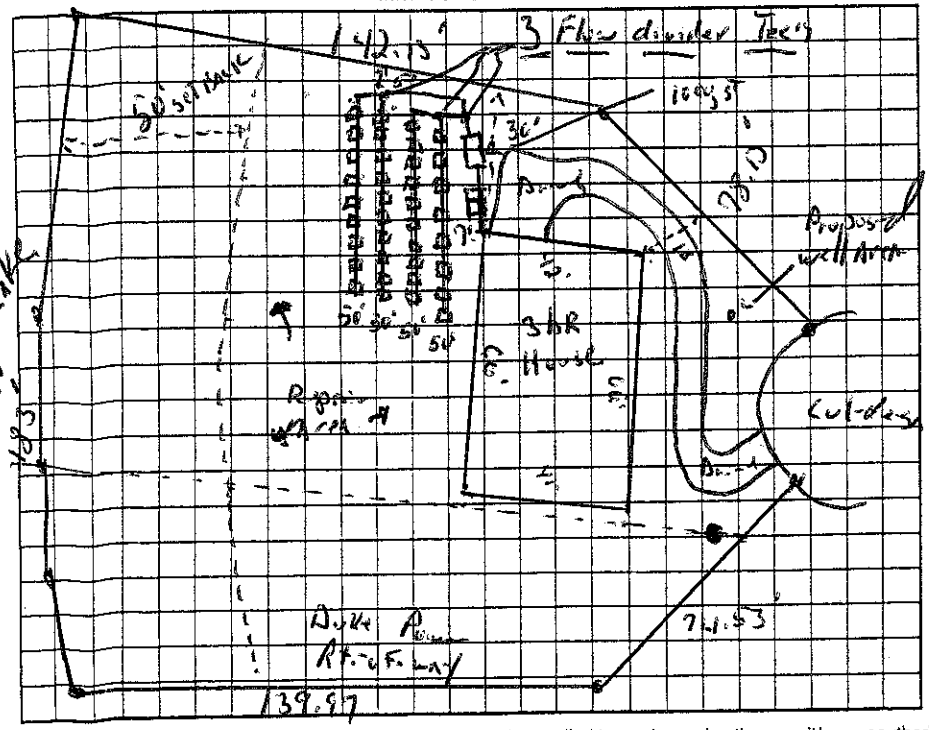
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions: Install 4@ PPBPS Panels in 4 equal length lines, rollow contour. Keep 50' from wells, use 3 flow-divider tees. Do not cut or fill down system Area.

Comments/Conditions: Fill in shall - poly lock / 750' from well

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Grace Nyquenine date Oct 10, 2006

Improvement Permit by: [signature] R.S. date 10 Oct. 06

Authorization to Construct by: [signature] R.S. date 10 Oct. 06

Installed by: Rowan Septic Service

Operation Permit by: [signature] R.S. date 10 Apr 07

Existing System Inspection by: ____ date ____

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