IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94470 PIN# 4628 97 0568 DATE 4/12/01

OWNER OR CONTRACTOR Robert Nichols PHONE: Business 800-429-0747 Home 336-998-4687

ADDRESS 212 Overlook Dr. Advance NC 27006

LOCATION Perth, L Fern Hill, R Fern Haven on Rt. 150 Fern Haven Ln

SUBDIVISION Crescent BLOCK / SECTION 15 LOT 100 LOT AREA .72 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1600 Gallons; STB 794 Date 9/31/01
Pump Tank: 1000 Gallons; PT 283 Date 7/31/01
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230
No Lines 5 @ 46' Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Press. Man. Panel Block
Repair System Description: <100% Repair - Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

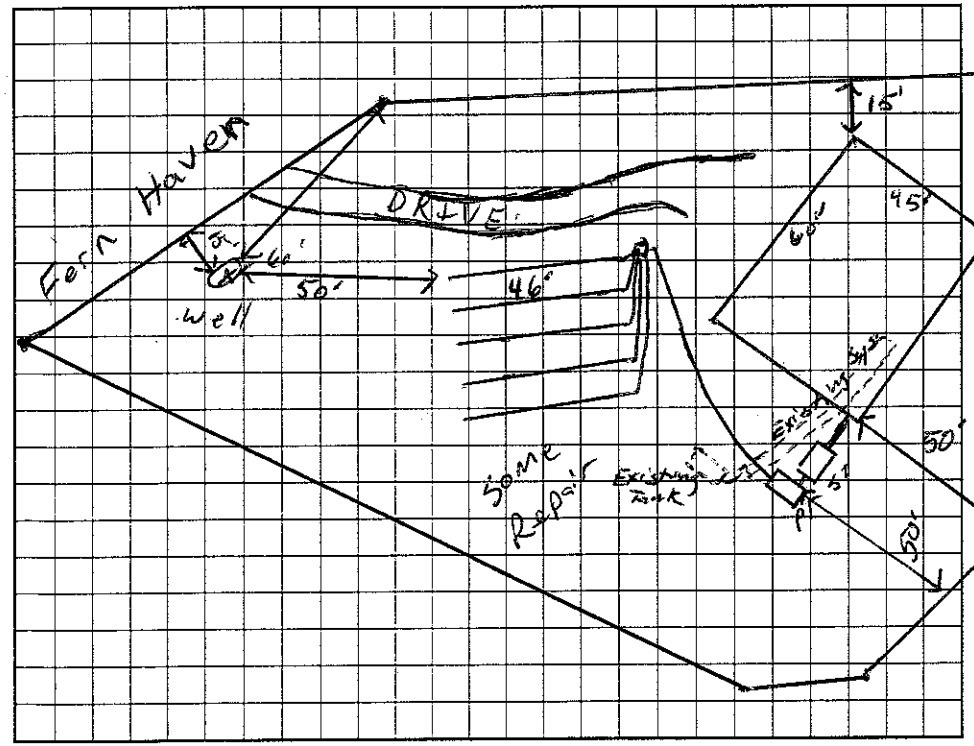
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

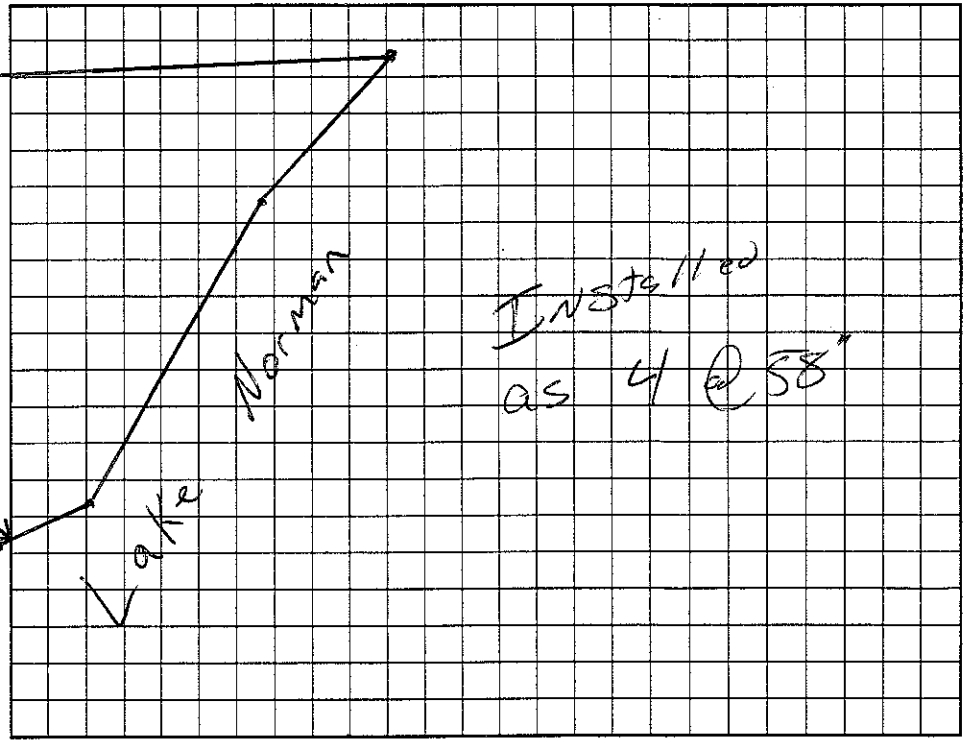
Comments:/Conditions: Existing Tank to be pumped, crushed and filled - Install lines on Contour - Keep System 50' from Well - Keep lines 25' upslope, 15' side slope from basement

Comments:/Conditions:

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: _____ date 4.16.01

Improvement Permit by: _____ RSI date 4/16/01

Authorization to Construct by: _____ RSI date 4/16/01

Installed by: T + J

Operation Permit by: _____ RS date 4/14/02

Existing System Inspection by: _____ date _____

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

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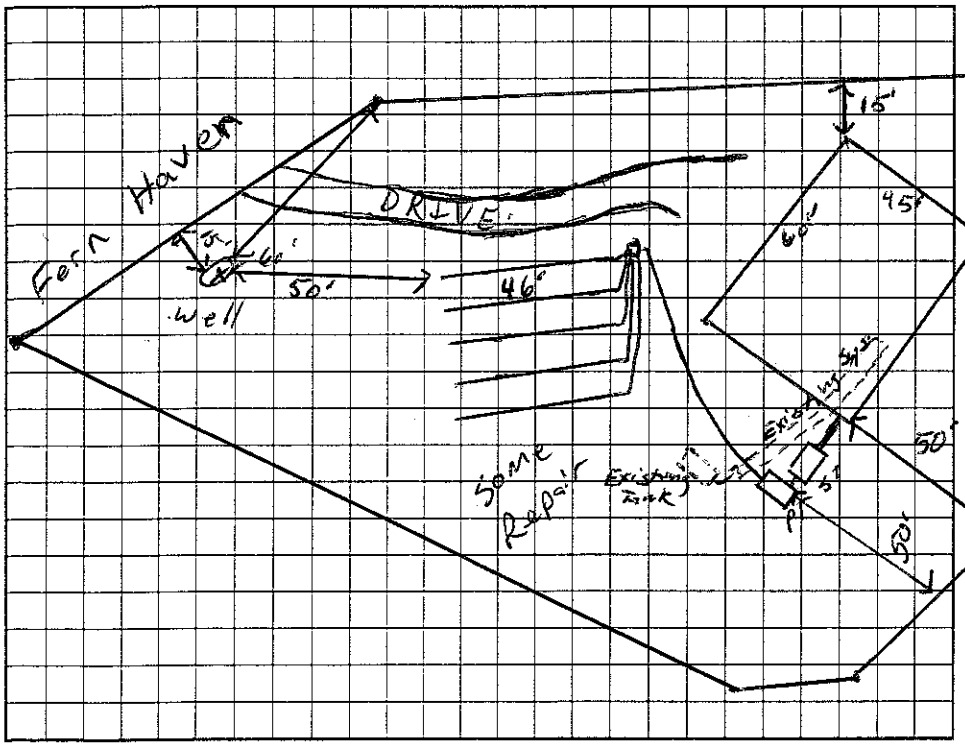
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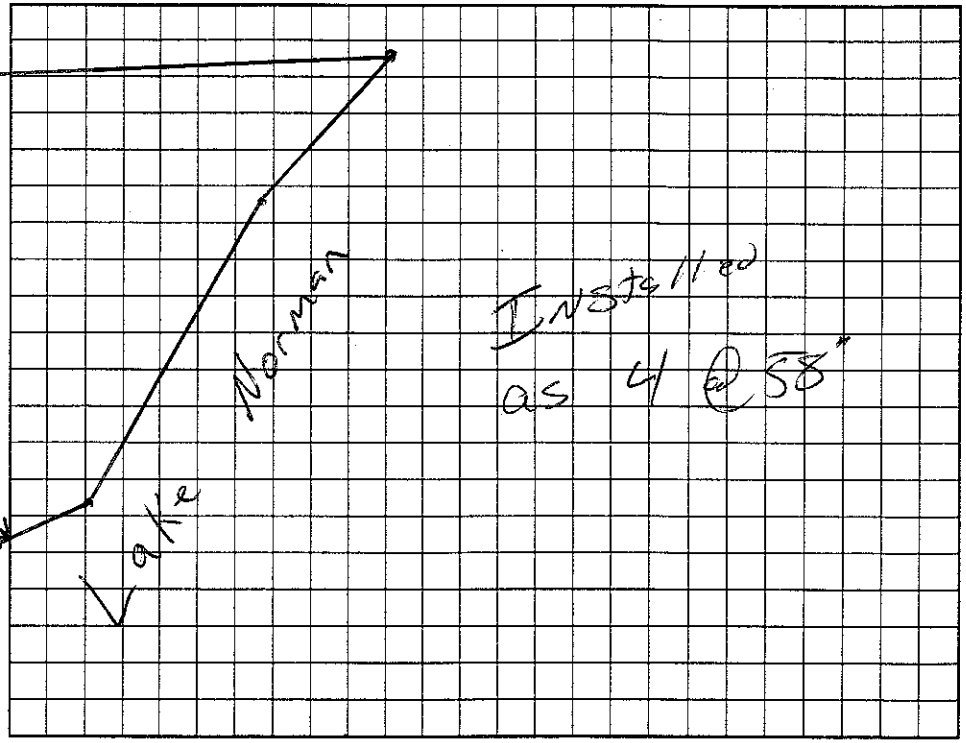
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