IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83834 PIN# 4711031581 DATE Feb 17 2000

OWNER OR CONTRACTOR Michael Nicholson PHONE: Business _____ Home 336 768 7277

ADDRESS 2920 Burlwood Dr Winston Salem NC

LOCATION Buffalo Shoals West (2) Wildwood TRAIL 2nd from end on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT #AT 2 LOT AREA .60 Ac plus SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 7-16-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 200

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% GRAVITY

Repair System Description: 50% ASSIST

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

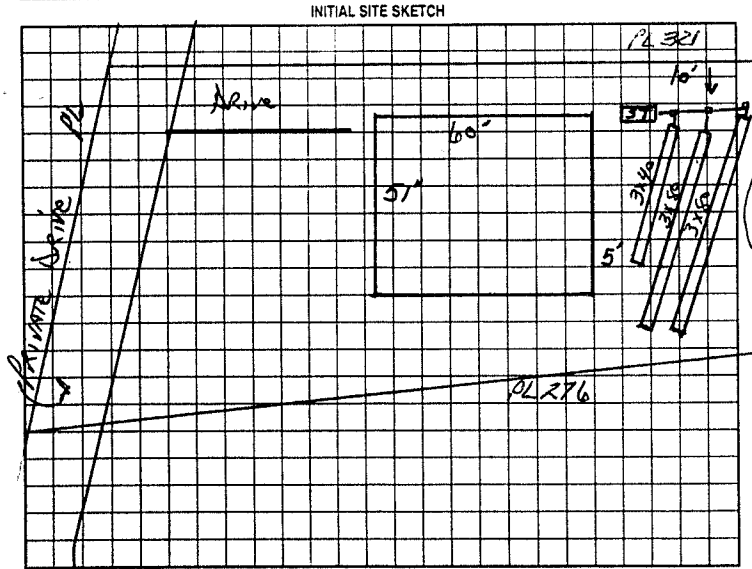
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

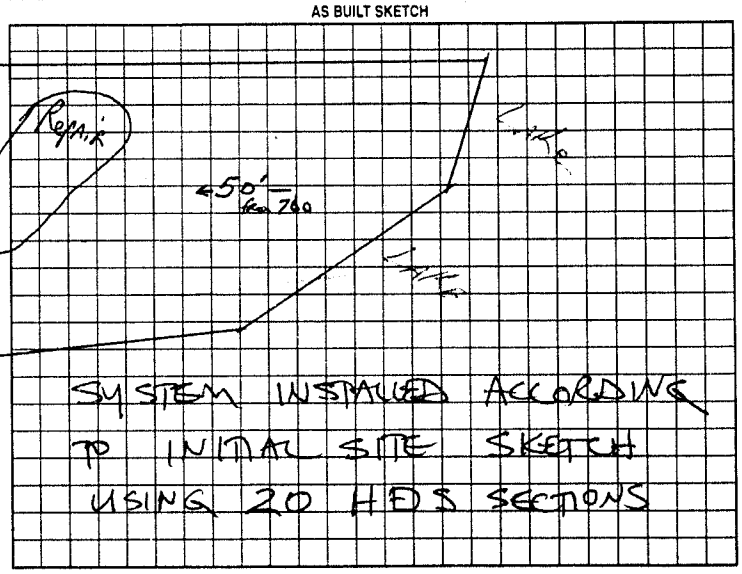
Comments/Conditions: Keep All setbacks
Install on contour
32 chambers or 20 HDS sections

Comments/Conditions: SEPTIC TANK W/RISERS & MARKER INSTALLED USING "POLYLOK" 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: Michael C. Nicholson date 2/21/2000 Installed by: TOMMY FRYE

Improvement Permit by: J.C. Potter date Feb 17 2000 Operation Permit by: STEVE HEDRICK date 9-7-00

Authorization to Construct by: J.C. Potter date Feb 17 2000 Existing System Inspection by: _____ date _____

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