IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19483 PIN# 4711-21-3449 DATE 4-16-04

OWNER OR CONTRACTOR KW NICHOLSON INC PHONE: Business 704-902-0799 Home

ADDRESS 930 ARGYLE [redacted] COURT STATESVILLE NC 28677

LOCATION BUFF SHOALS (L) LAUREL COVE (R) HARBOR GATE (R) HARBOR WATCH (L) HARBOR RIDGE LOT # 142 ON RIGHT

SUBDIVISION HARBOR WATCH BLOCK / SECTION V LOT 142 LOT AREA 1.59 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-11-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 x BD' 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: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

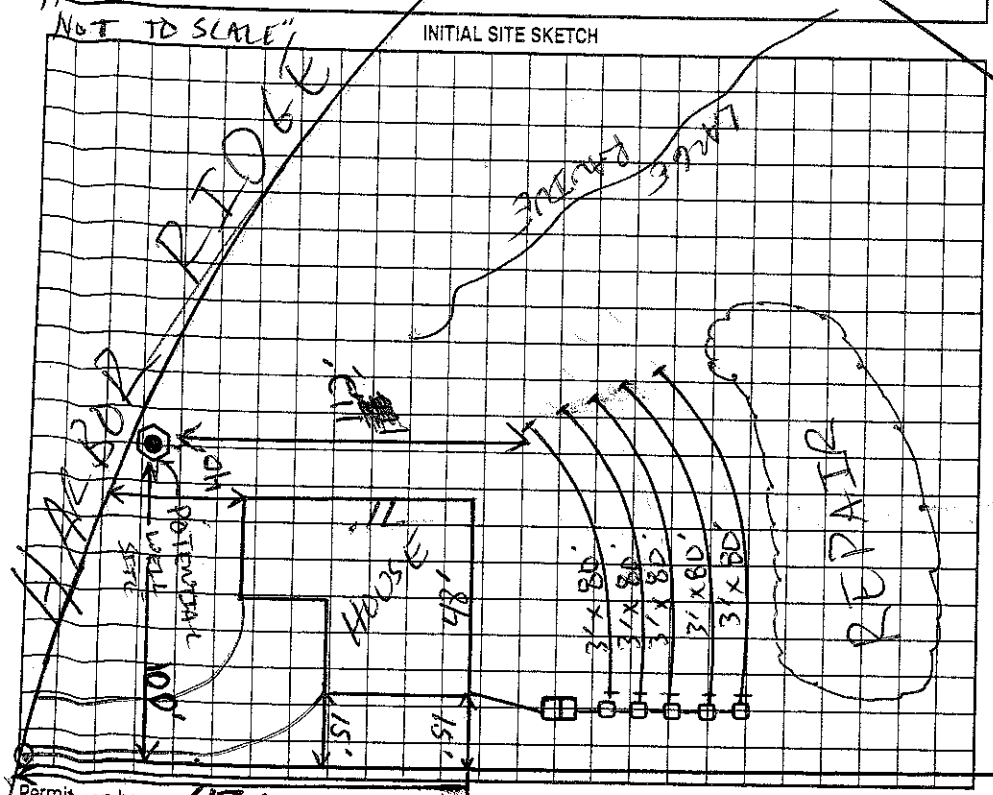
Water Supply: [X] Individual [ ] Public [ ] Community WELL

Comments/Conditions: (1) KEEP WELL 100' FROM SYSTEM, (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS.

Comments/Conditions: (4) DO NOT CUT BASEMENT GRADE EXCESSIVELY TO WHERE IT ALTERS THE SYSTEM. TUFF TITE FILTER & MARKER

"NOT TO SCALE"

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: [signature] date 4-16-04 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] date 4-16-04 Operation Permit by: [signature] date 10-18-04

Authorization to Construct by: [signature] date 4-16-04 Existing System Inspection by: date

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