IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0704673 $131.00 PIN# 4791314122 4791142970 DATE 8-11-05

OWNER OR CONTRACTOR KW Nichols M/D PHONE: Business 704-506-2098 Home 704-506-2098

ADDRESS 930 Argyle Court Statesville NC

LOCATION I-40 W @ OMK (R) Buffalo Shoals @ Laural Cove Lot on Right before Harbor water entrance

SUBDIVISION Harbor Watch BLOCK / SECTION III LOT 69 LOT AREA 2.2 AC SITE CLASS B DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 8-7-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

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

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

System Description: 25% Grade

Repair System Description: 25% Grade

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

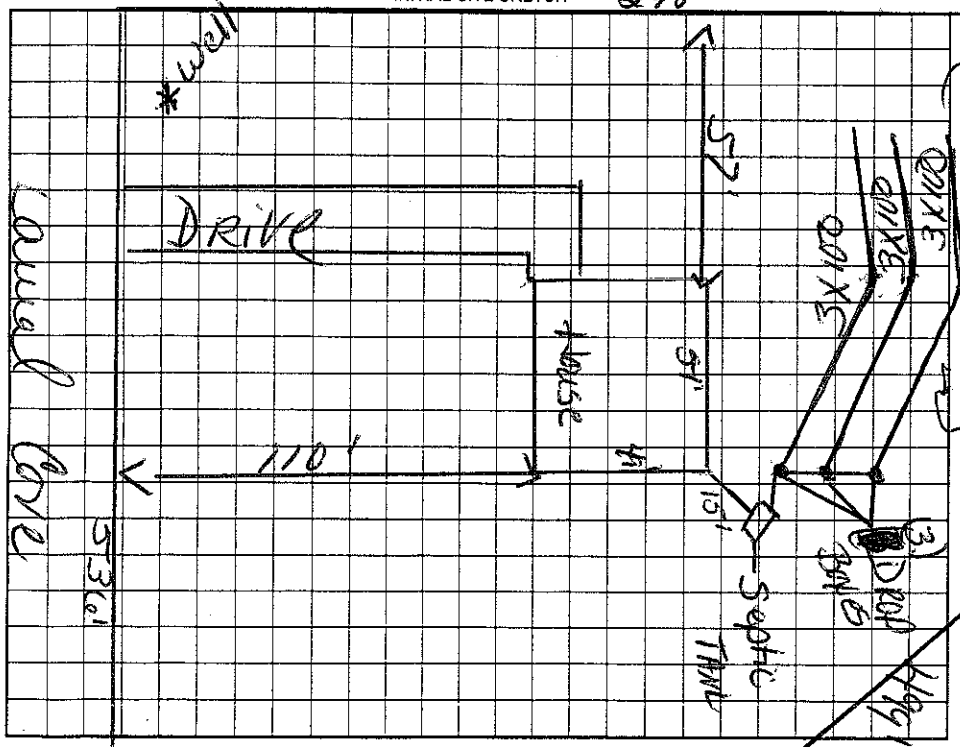
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

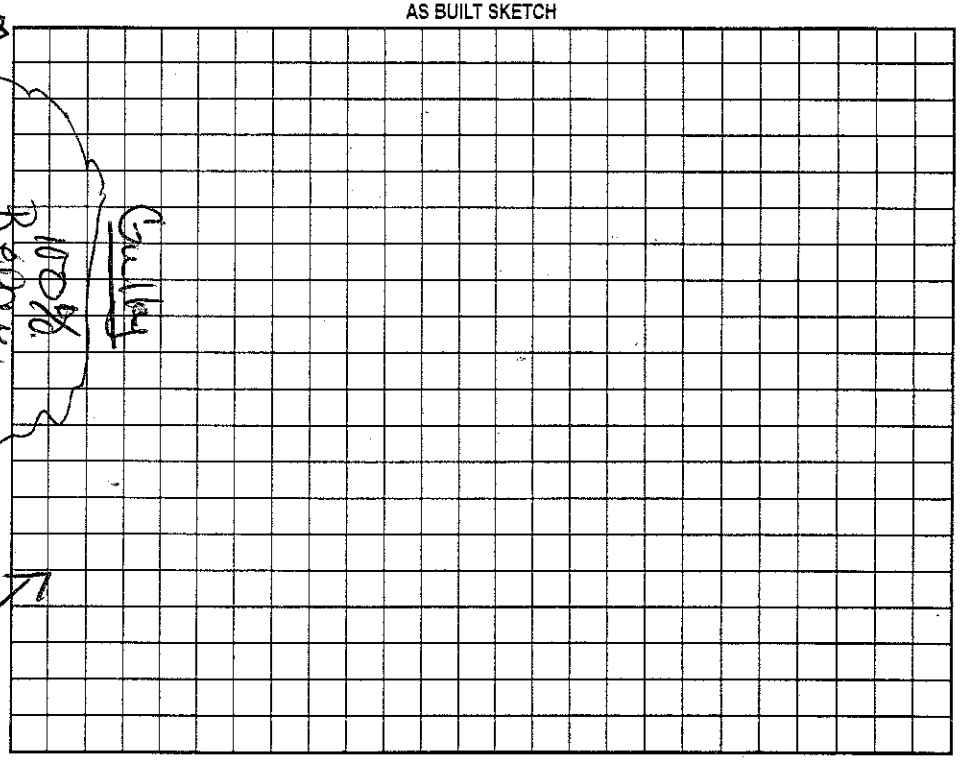
Comments:/Conditions: Inground on contour (1" = 60')

Comments:/Conditions: Septic tank Marker Yellow cap-Tete

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 8-11-05 Installed by: DAVID Yount

Improvement Permit by: _____ date 8-11-05 Operation Permit by: _____ date 3-27-06

Authorization to Construct by: _____ date 8-11-05 Existing System Inspection by: _____ date _____

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