IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076418 PIN# 4713 07 8084 DATE 10-12-98

OWNER OR CONTRACTOR ROGER D. NASH PHONE: Business 872-6522 Home 878-9713

ADDRESS 178 OAK KNOLL DRIVE, STATESVILLE, NC 28677

LOCATION US 70 WEST, TL HOLMAN ROAD, 2ND DRIVE ON LEFT

SUBDIVISION NASH BLOCK / SECTION ____ LOT 6 LOT AREA 2.0927 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8-21-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP/GRAV.
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

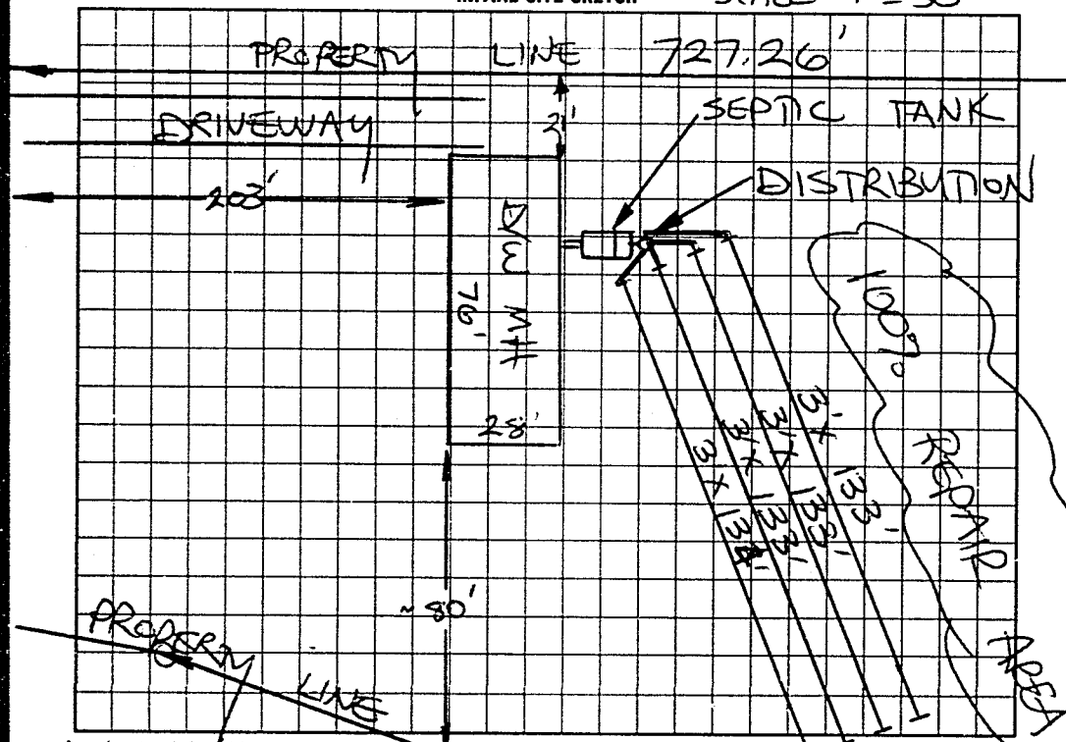
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other 4BR D/W MH
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1"=50'



BARN

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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: Roger Nash date 10-12-98

Improvement Permit by: STEVE HEDRICK date 10-12-98

Authorization to Construct by: STEVE HEDRICK date 10-12-98

Installed by: JAMES HUBER

Operation Permit by: STEVE HEDRICK date 11-25-98

Existing System Inspection by: ____ date ____

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

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