IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

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

(c) PERMIT# 144779 PIN# 4715-44-0050 DATE 8-20-07

OWNER OR APPLICANT NEX HOMES LLC PHONE: Business 704-904-1898 Home 704-902-5684

ADDRESS P.O. BOX 4390, MOORESVILLE, NC 28117

LOCATION US 64 WEST, TL WOODBRIDGE ROAD, TL LORAY LANE 4TH LOT ON LEFT

SUBDIVISION WOODBRIDGE EST. BLOCK / SECTION ____ LOT 3 LOT AREA 0.631 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 312 Date 1-18-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

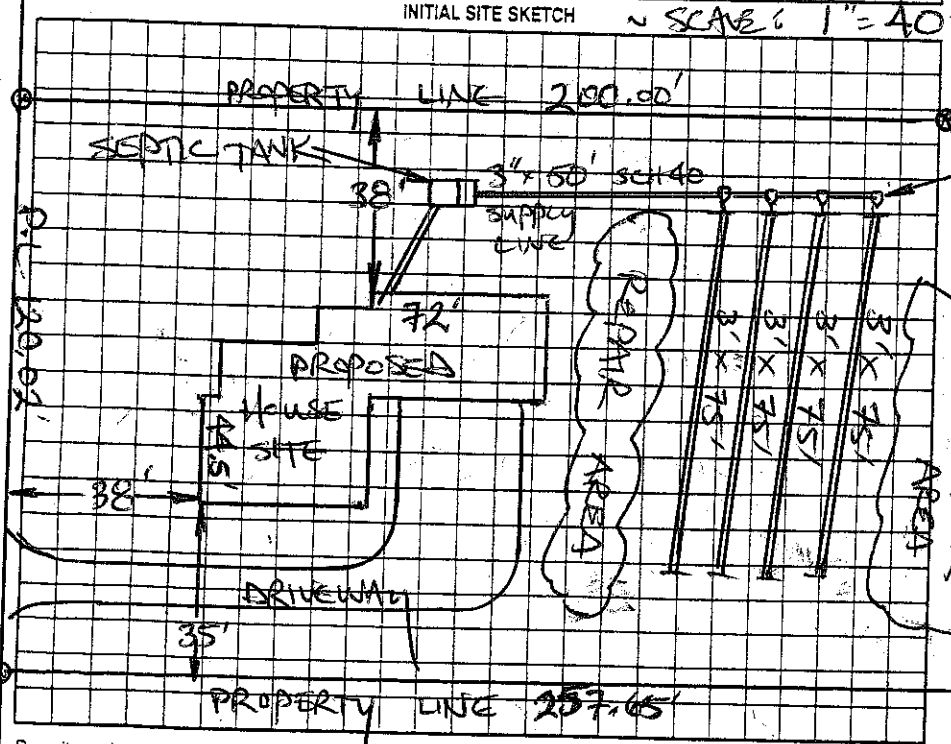
Water Supply: ☐ Individual ☑ Public ☐ Community

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

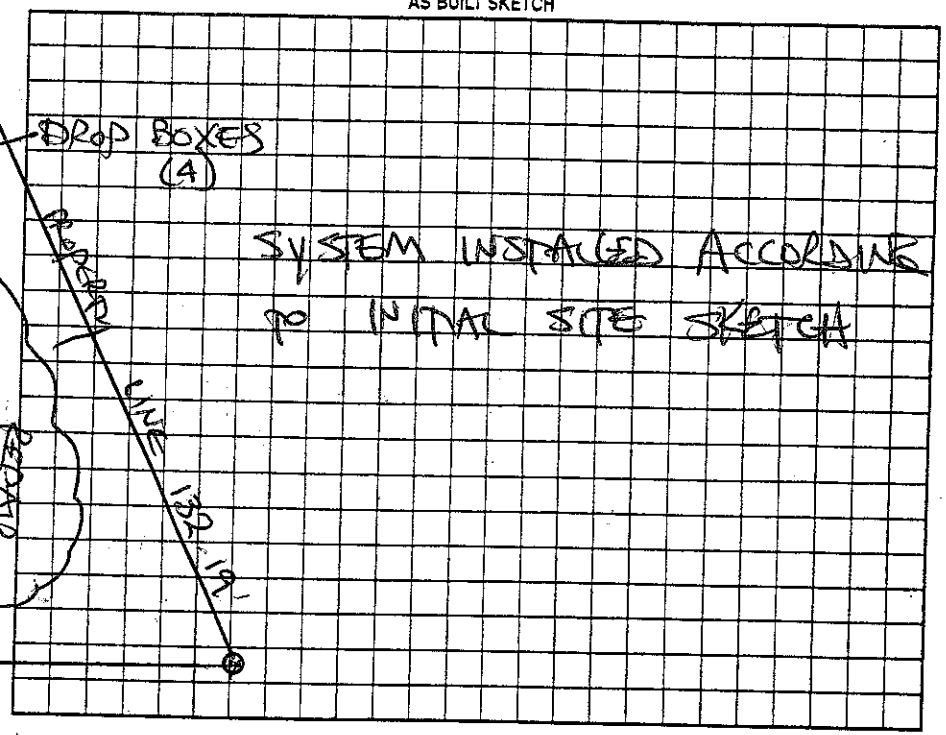
Comments:/Conditions (c) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" FILTER

INITIAL SITE SKETCH ~ SCALE 1" = 40'



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: ____ 8-21-07 date ____

Improvement Permit by: STEVE HEDRICK date 8-20-07

Authorization to Construct by: STEVE HEDRICK date 8-20-07

Installed by: RICHARD ABERNATHY

Operation Permit by: STEVE HEDRICK date 6-4-08

Existing System Inspection by: ____ date ____

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