IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132855 PIN# 4722849271 DATE 1-9-06

OWNER OR CONTRACTOR KW Nicholson PHONE: Business 704-878-2517 Home

ADDRESS 930 Argyle Court Statesville NC 28677

LOCATION Off (?) Shutmain RD property on left

SUBDIVISION Howard E Sherrill BLOCK / SECTION ____ LOT 3 LOT AREA 2.314 SITE CLASS. PS DESIGN FLOW PS L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-16-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv - Gravity

Repair System Description: Gravity 25% Red

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

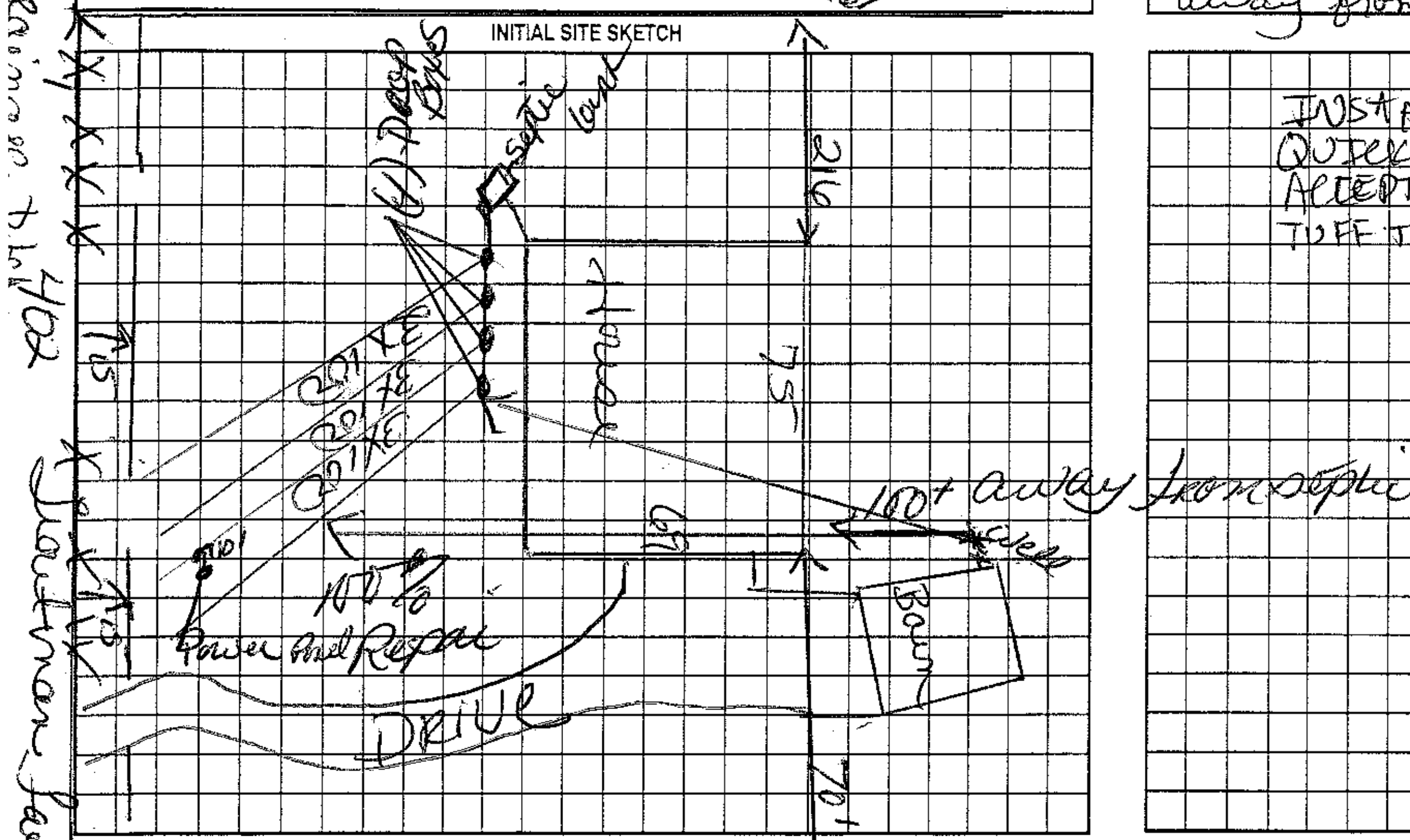
☐ Other ____

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions:
* Not To scale

Comments:/Conditions:
Maintain all Setbacks
15' sideslope of system (Gully)
away from gully

INITIAL SITE SKETCH



AS BUILT SKETCH

LINE LENGTHS
INSTALLED 4 X LINES 76
QUICK 4 CHAMBERS 76
ACCEPTED SYSTEM 76
TUFF TITE Filter ... 74
SAME LINE SKETCH
AS BY JUST Shorter on ENDS

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: X [signature] date ____ Installed by: DAVID YOUNTZ

Improvement Permit by: Kelly Cook date 1-9-06 Operation Permit by: [signature] RS date 6-30-06

Authorization to Construct by: Kelly Cook date 1-9-06 Existing System Inspection by: ____ date ____

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