IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089702 PIN# 4722857859 DATE June 1, 2000

OWNER OR CONTRACTOR Stephen R. Nichols PHONE: Business _____ Home _____

ADDRESS 151 Park St. Statesville

LOCATION From Trantman - Old Mtn. Road TR Wallace Springs Rd. TL Charis Ty Shalom Pl. at end

SUBDIVISION Williams Farm BLOCK / SECTION 2 LOT 15 LOT AREA 1.45Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 854 Date 6/20/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

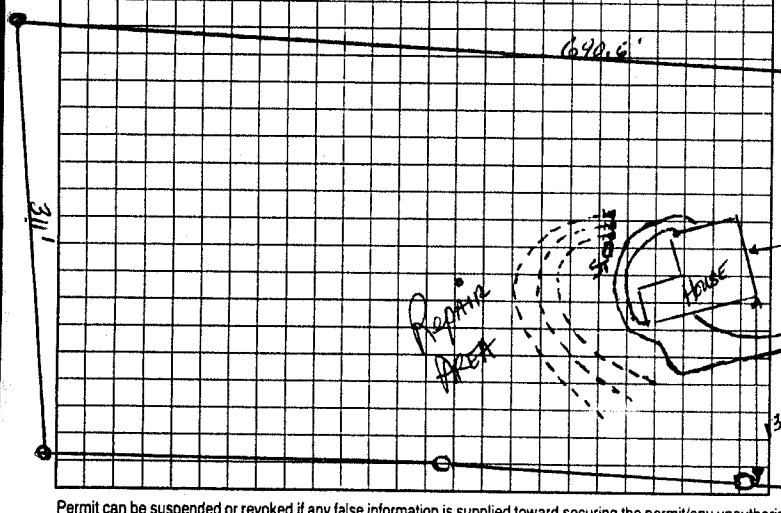
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

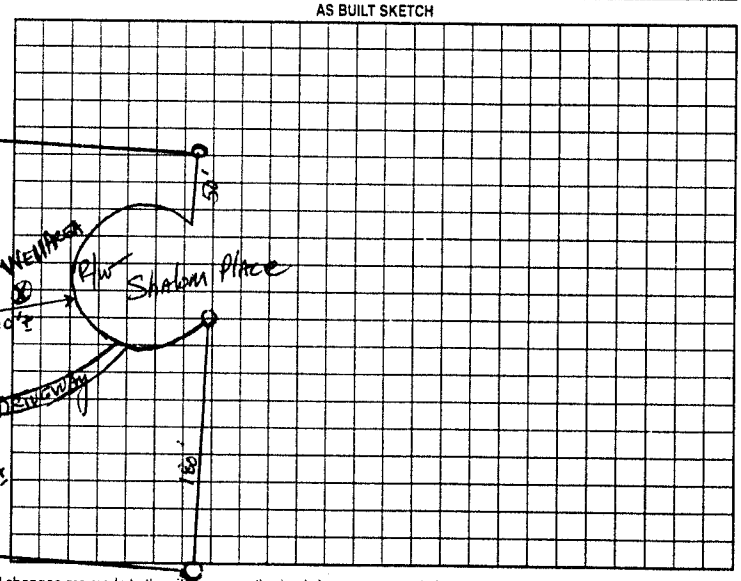
Comments/Conditions: Either Drop Boxes or Single A-Box w/Levelers may be used. Exit plumbing from main level to tank where shown.

Comments/Conditions:

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 6-1-00 Installed by: Phil Walborne

Improvement Permit by: _____ date 6-1-00 Operation Permit by: _____ date 9/1/00

Authorization to Construct by: _____ date 6-1-00 Existing System Inspection by: _____ date _____

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