IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 56921

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21664 DATE 7-21-95 TAX MAP NO. 9A-9-A-132 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR K. W. NICHOLSON, INC PHONE: Business 838-9724 Home 876-4359

ADDRESS 182 MILLSTONE DR, STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER, TL REDBUCK, TL RIDGEVIEW, 2ND LOT on (R)

SUBDIVISION DEERCROFT BLOCK / SECTION III LOT 132 LOT AREA 110' x 250' SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-1-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

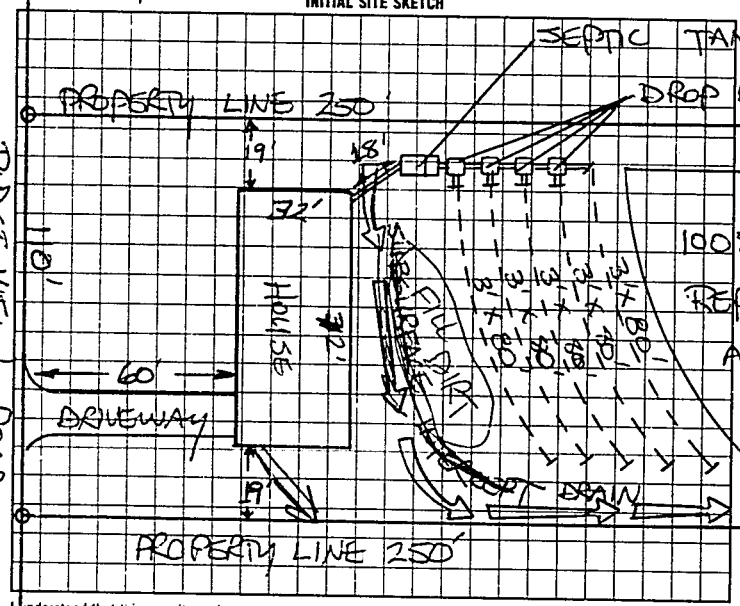
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① INSTALL SUBSURFACE INTERCEPT DRAIN AT LOCATION SHOWN BEGINNING 4 FEET DEEP ② KEEP SYSTEM MINIMUM 10 FEET FROM DRAIN, 10' FROM PROPERTY LINE ③ INSTALL LINES ON CONTOUR

Comments: * FOUNDATION DRAIN SUBSTITUTED FOR * SUBSURFACE INTERCEPT DRAIN

INITIAL SITE SKETCH



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 is valid for 60 months from date of issuance.

Signed: X _____

Improvement Permit by: STEVE HEDRICK date 7-21-95

Existing System Inspection by: _____ date _____

Installed by: TOMMY FRYE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 1-30-96

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