IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 23317 DATE 4-1-96 TAX MAP NO. 9A-9-A-74 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR KENT & SHERRY NICHOLSON PHONE: Business _____ Home 876-4359

ADDRESS 182 MILLSTONE DRIVE, STATESVILLE NC 28677

LOCATION NC115N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE TRAIL, ON LEFT AT ELK DRIVE

SUBDIVISION DEER CROFT BLOCK / SECTION II LOT 74 LOT AREA ~110 x 239' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-26-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 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 _____

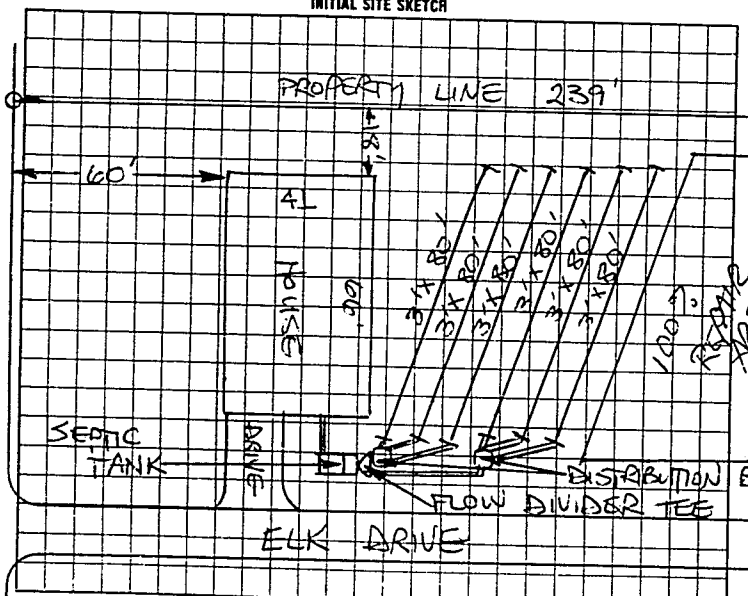
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

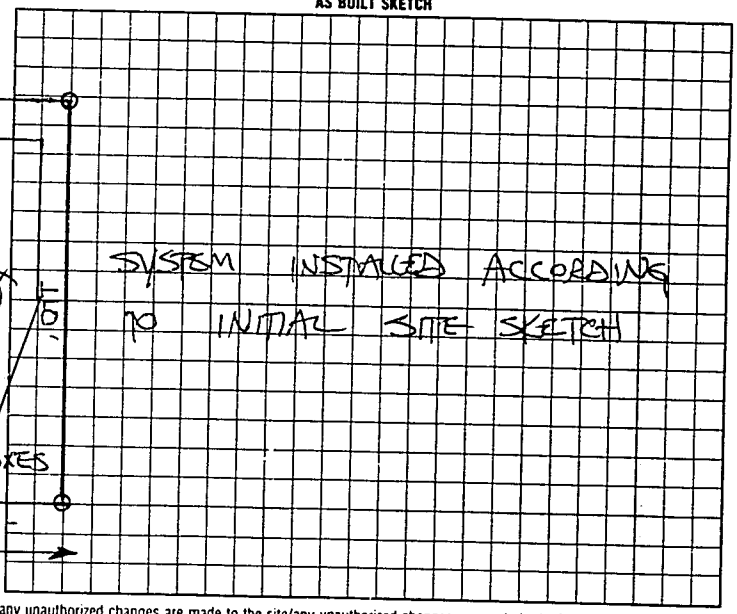
Comments: ① USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH ② KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE & WATER LINE

Comments:

INITIAL SITE SKETCH



AS BUILT 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.

Authorization to Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 4-1-96

Existing System Inspection by: _____ date _____

AUTHORIZATION TO CONSTRUCT: STEVE HEDRICK date 4-1-96

Installed by: TOMMY FRYE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 8-19-96

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