IREDELL COUNTY HEALTH DEPARTMENT

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

54961

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

PROPERTY DESCRIPTION NO. 20435 DATE 3/16/95 TAX MAP NO. 9A-9-A-101 Watershed: ☐ Yes ☒ No

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

ADDRESS 187 MILLSTONE DR, STVL, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER, TR ELK, ON RIGHT AT CARIBOU DR.

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 101 LOT AREA 110 x 200 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7/16/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 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: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

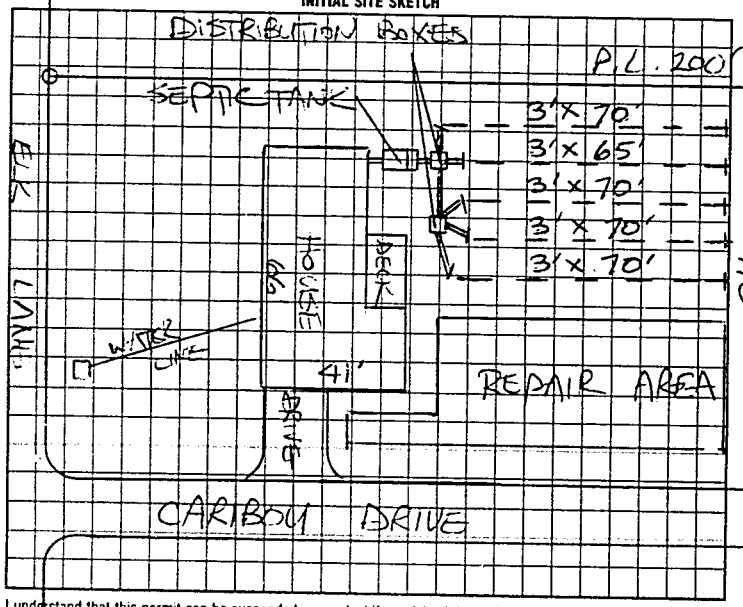
☐ Other

Water Supply: ☐ Individual ☐ Community ☒ Public

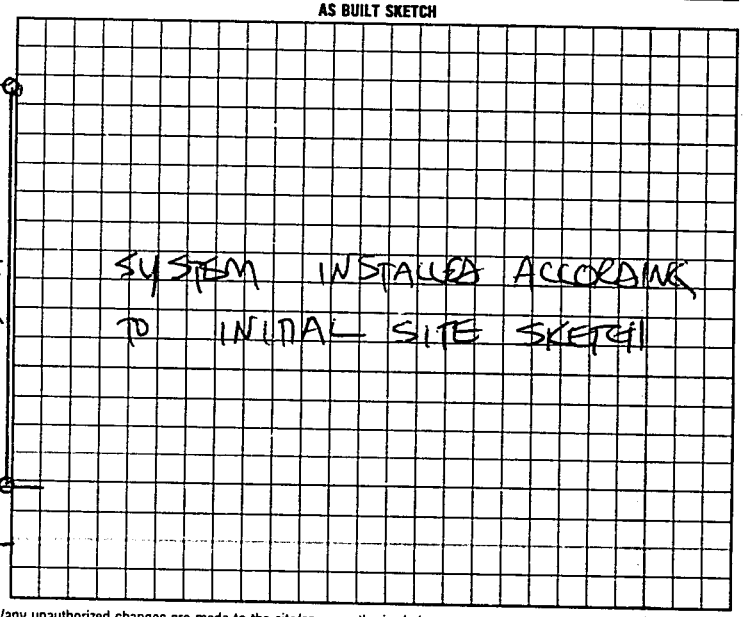
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X

Improvement Permit by: STEVE HEDRICK date 3/16/95

Existing System Inspection by: _____ date _____

Installed by: TOMMY FLYE

Certificate of Completion by: STEVE HEDRICK date 5/1/95

Operation Permit by: _____ date _____

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