48456

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. 16723 DATE 7/28/93 TAX MAP NO. 9A-9-A-48

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

ADDRESS 560 KINGSWOOD STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR ANTLER DRIVE, LOT #48 ON (L)

SUBDIVISION DEERCROFT ~~BLOCK~~ SECTION I LOT 48 LOT AREA 110'x330' SITE CLASS PS L.T.A.R. 0.35

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 1012 Date 6/26/93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 3 Trench Width 36" Trench Depth 18-30" 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

☑ House/Mod. Home No. Bedrooms 3/2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

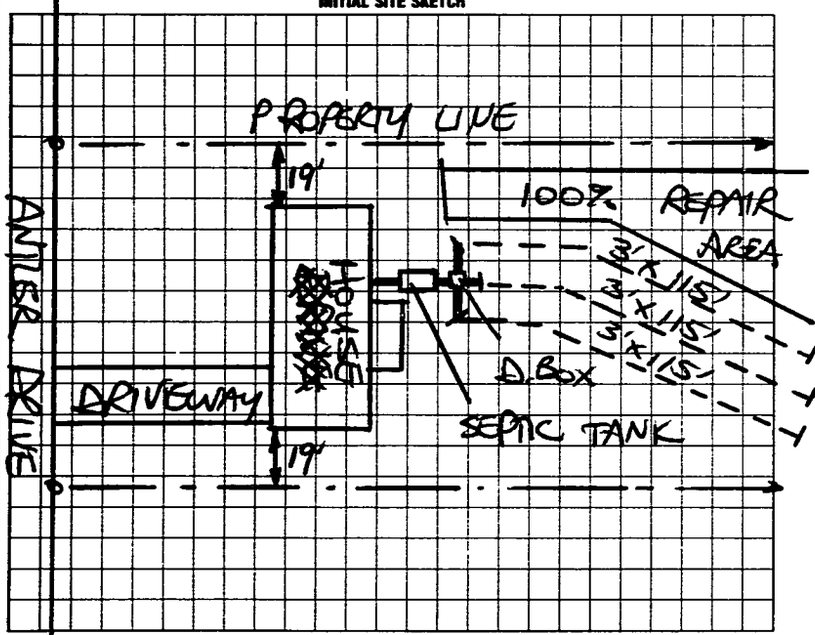
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

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

Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 30", 9' ON CENTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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 HENDRICK date 7/28/93

Existing System Inspection by: ____ date ____

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HENDRICK date 10/1/93

Operation Permit by: ____ date ____

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