CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102656 PIN# 4735-28-6754 DATE 11/02/01

OWNER OR CONTRACTOR K.W. Nicholson PHONE: Business (704) 876-4359 Home —

ADDRESS 782 Millstone Drive Statesville, NC 28625

LOCATION Hwy 115 N. Ron Upper Ock, Left, onto Golden Oaks Drive on Left

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 62 LOT AREA .94 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 4,000 Gallons: STB 1612 Date 3-23-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@160' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, 50% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2½
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

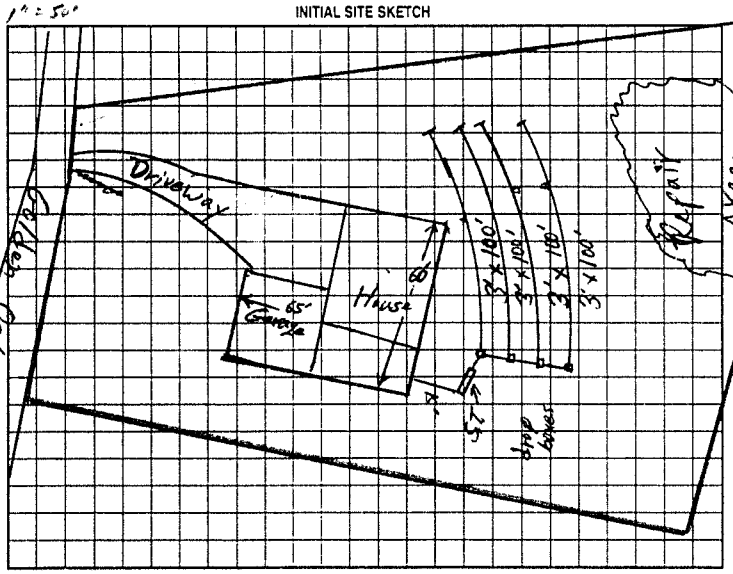
Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions:

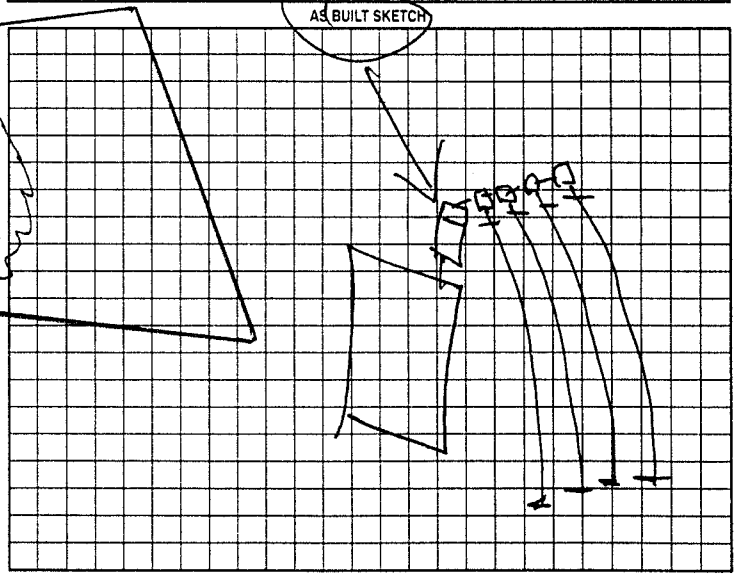
Comments:/Conditions: POLYLOK FILTER & MARKER

1" = 50'

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: K.W. Nicholson date 11-7-01 Installed by: DAVID YOUNTZ

Improvement Permit by: William O. Johnson date 11/2/01 Operation Permit by: Tim Cook date 06-04-02

Authorization to Construct by: William O. Johnson date 11/2/01 Existing System Inspection by: ____ date ____

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