IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087022 PIN# 4735 39 4157 (PT) DATE 1-11-00

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

ADDRESS 182 MILLSTONE DRIVE, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR UPPER OAK DRIVE, TL GOLDEN OAK DRIVE, 5TH LOT ON LEFT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 65 LOT AREA 0.689 ACRE SITE CLASS PS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-7-2000

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Bowl~~ Depth SAND 6"

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

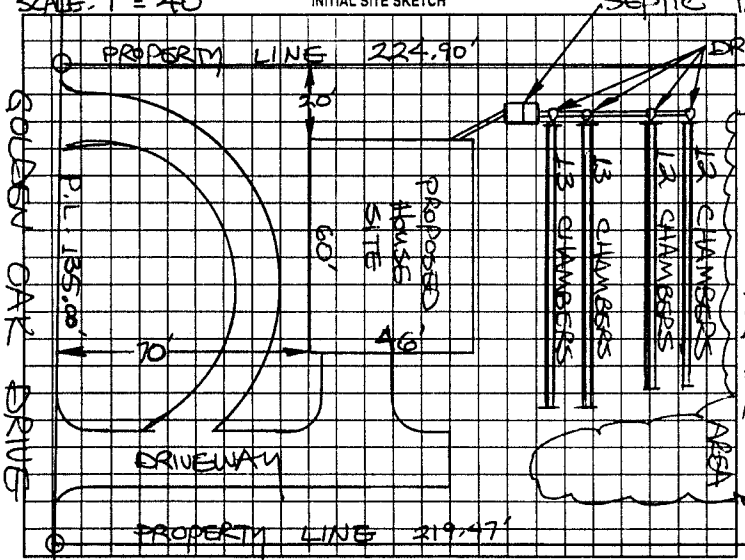
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

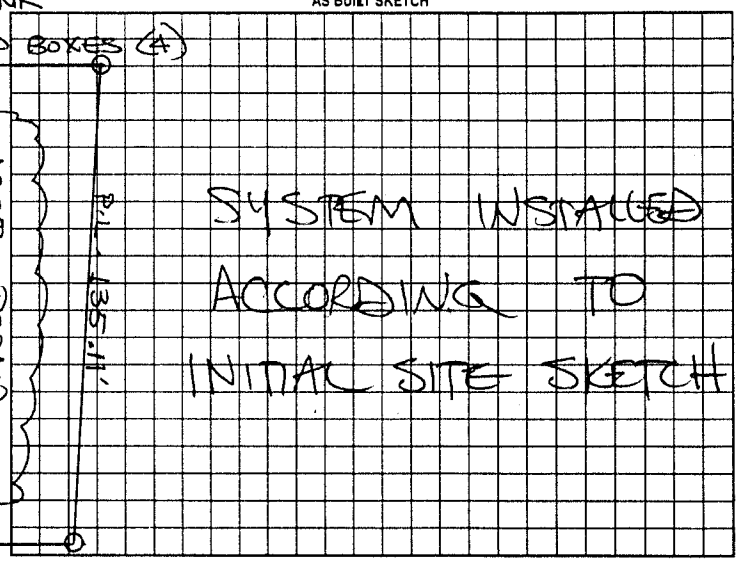
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS (AT REQUEST) ON CONTOUR AS SHOWN

Comments:/Conditions: ① SEPTIC TANK w/ RISERS INSTALLED USING "POLY LOK" FILTER. ② SYSTEM APPROVED FOR THREE BEDROOMS ONLY.

SCALE: 1" = 40' 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: _____ date 2-1-00 Installed by: DAVID YOUNG

Improvement Permit by: STEVE HEDRICK date 1-11-00 Operation Permit by: STEVE HEDRICK date 8-22-00

Authorization to Construct by: STEVE HEDRICK date 1-11-00 Existing System Inspection by: _____ date _____

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