IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137922 PIN# 4736 51 6996 DATE 25 September 06

OWNER OR APPLICANT K.W. Nicholson, Inc PHONE: Business 704-902-0799 Home

ADDRESS 930 Argyle Court Statesville, N.C. 28677

LOCATION 162 Twin Lakes Dr. Statesville, N.C.

SUBDIVISION Dobbs Farm BLOCK / SECTION LOT 34 LOT AREA 2.04 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft.² Total

Septic Tank: 1000 Gallons; STB T' 1012 Date 7-10-07

Pump Tank: 1000 Gallons; PT T' 17 Date 5-15-07

Pump Make: Goulds Model WE1012HU Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump & 25% Reduction

Repair System Description: pump & 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

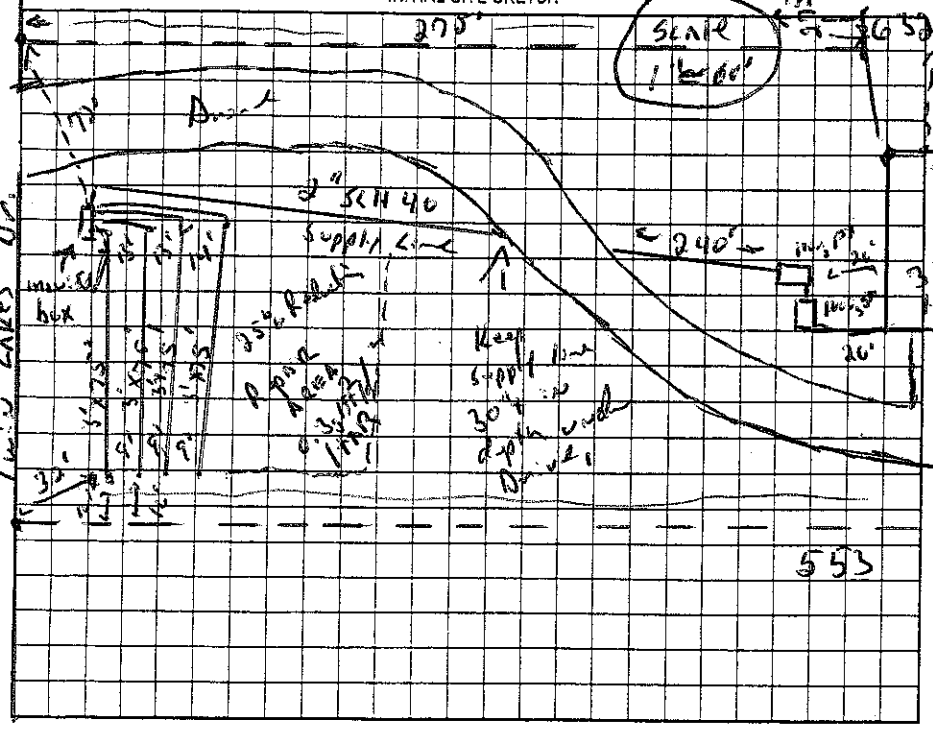
Water Supply: ☐ Individual ☒ Public ☐ Community

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

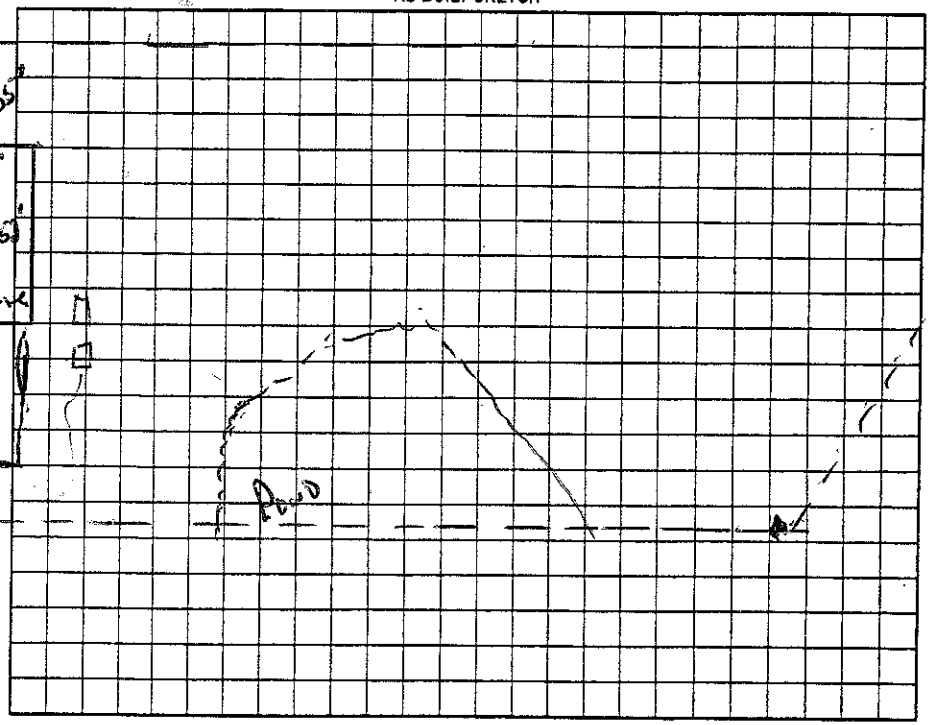
Comments:/Conditions: Pump to 25% Reduction / use 2" Sch 40 PVC Supply Line Pressure manifold

Comments:/Conditions:

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

Improvement Permit by: R.S. date 26 Sept. 06

Authorization to Construct by: R.S. date 26 Sept. 06

Installed by: Yountz Brothers

Operation Permit by: date 10/18/07

Existing System Inspection by: date

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