IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 9-3-2002

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(2)

PERMIT# 107614 PIN# 4736-80-7957 DATE 9-21-04

OWNER OR CONTRACTOR K.W. NICHOLSON INC PHONE: Business 704-902-0799 Home 704-799-6226

ADDRESS 930 ARGYLE COURT, STATESVILLE, NC

LOCATION US 21 NORTH, TL FORT DOBBS ROAD, TR NATURES TRAIL, 3RD LOT ON RIGHT BEFORE CUL-DE-SAC

SUBDIVISION DOBBS VALLEY BLOCK / SECTION II LOT 11 LOT AREA 1.446 ACRES SITE CLASS. PS' DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1019 Date 9-19-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1920 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: LOW PRESSURE PIPE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

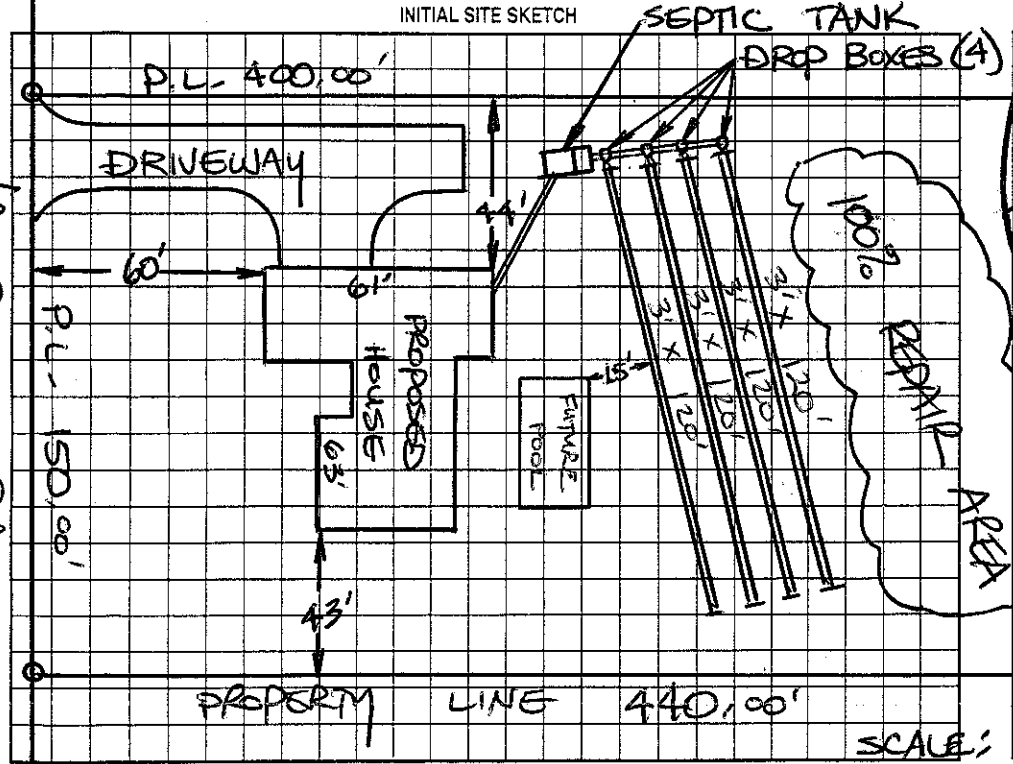
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

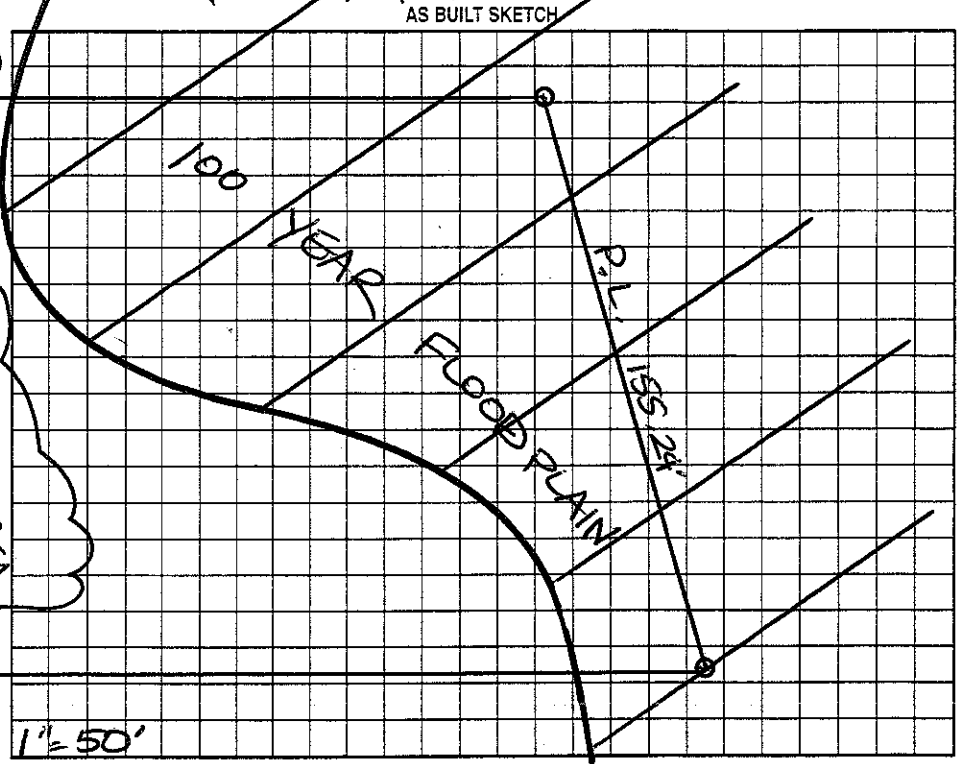
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN KEEPING SYSTEM MINIMUM 15' FROM POOL SITE

Comments:/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER (2) SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH.

INITIAL SITE SKETCH



AS BUILT SKETCH



SCALE: 1"=50'

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 9-22-04 Installed by: DAVID YOUNTS

Improvement Permit by: STEVE HEDRICK date 9-21-04 Operation Permit by: STEVE HEDRICK date 4-19-05

Authorization to Construct by: STEVE HEDRICK date 9-21-04 Existing System Inspection by: _____ date _____

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