See attached permit # 168791 for garden shed addition 10/25/2010.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107613 PIN# 4734-86-8840 DATE 4-27-06

OWNER OR APPLICANT Kent Nicholson PHONE: Business 704-902-0795 Home

ADDRESS 930 [illegible] Court Statesville 28677

LOCATION 21N TL Fort Dobbs TR Natures Trail Lot on Right

SUBDIVISION Fort Dobbs BLOCK / SECTION I LOT 10 LOT AREA 2.23 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 1012 Date 4-23-07
Pump Tank: 1000 Gallons; PT 17 Date 8-21-06
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1920 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Pump
Repair System Description: 25% Pump
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Gravity ☑ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

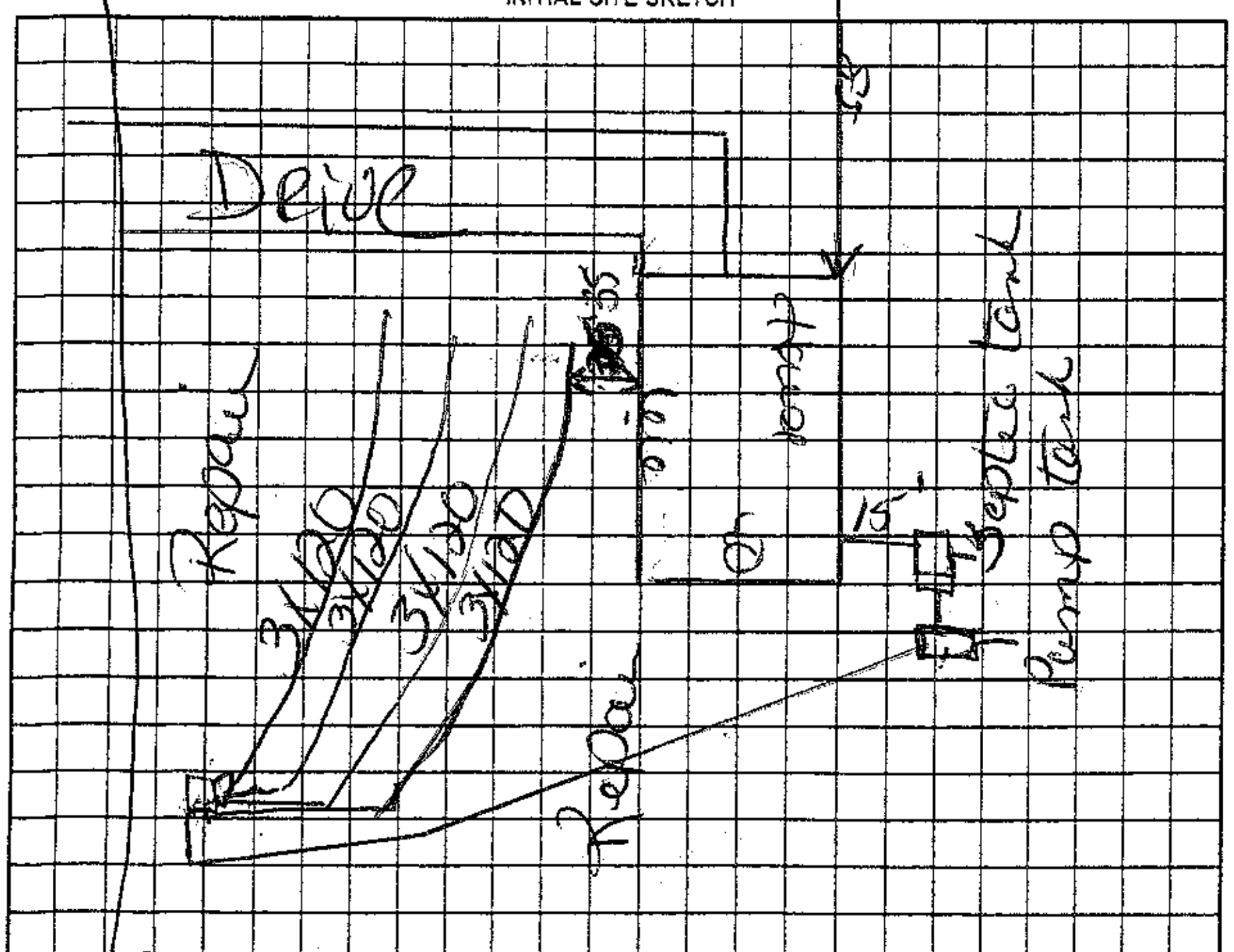
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Maintain all setbacks. Install on contour

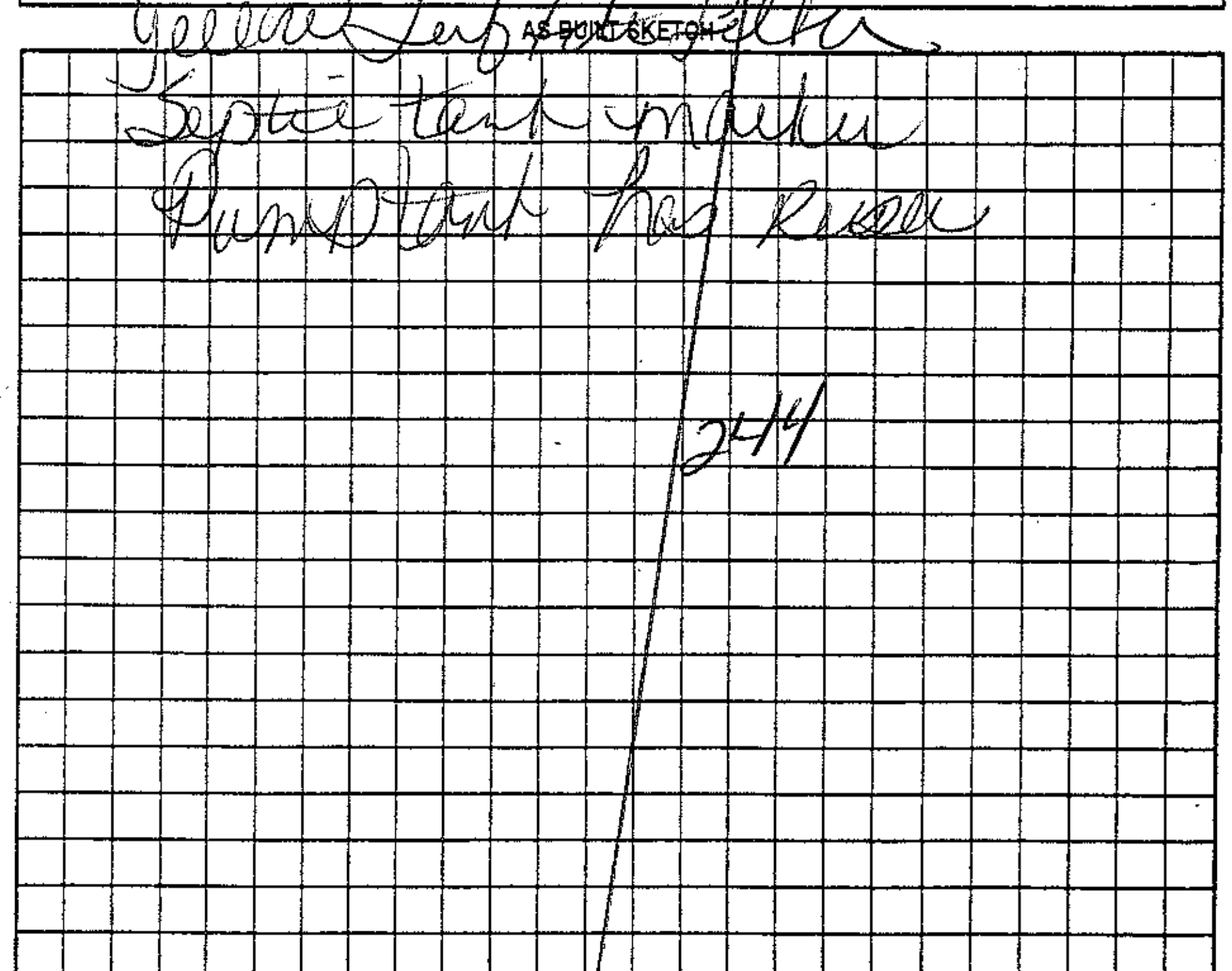
Comments:/Conditions: 24" Trench

492 1" = 60'

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: [signature] date 4-27-06 Installed by: David Yorke

Improvement Permit by: Kelly Cook date 4-27-06 Operation Permit by: Kelly Cook date 2-28-07

Authorization to Construct by: Kelly Cook date 4-27-06 Existing System Inspection by: ____ date ____

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