IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107653 PIN# 4734-86-8840 DATE 4-27-06

OWNER OR APPLICANT Kent Nicholson PHONE: Business 704-902-0779 Home

ADDRESS 930 Dogwood Court Statesville 28677

LOCATION 21N to Fort Dobbs (R) Natures Trail Lot on R. 1st

SUBDIVISION Fort Dobbs BLOCK / SECTION 1 LOT 10 LOT AREA 2.23 SITE CLASS. PS DESIGN FLOW 180 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-23-06

Pump Tank: 1000 Gallons; PT 1/7 Date 3-21-06

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

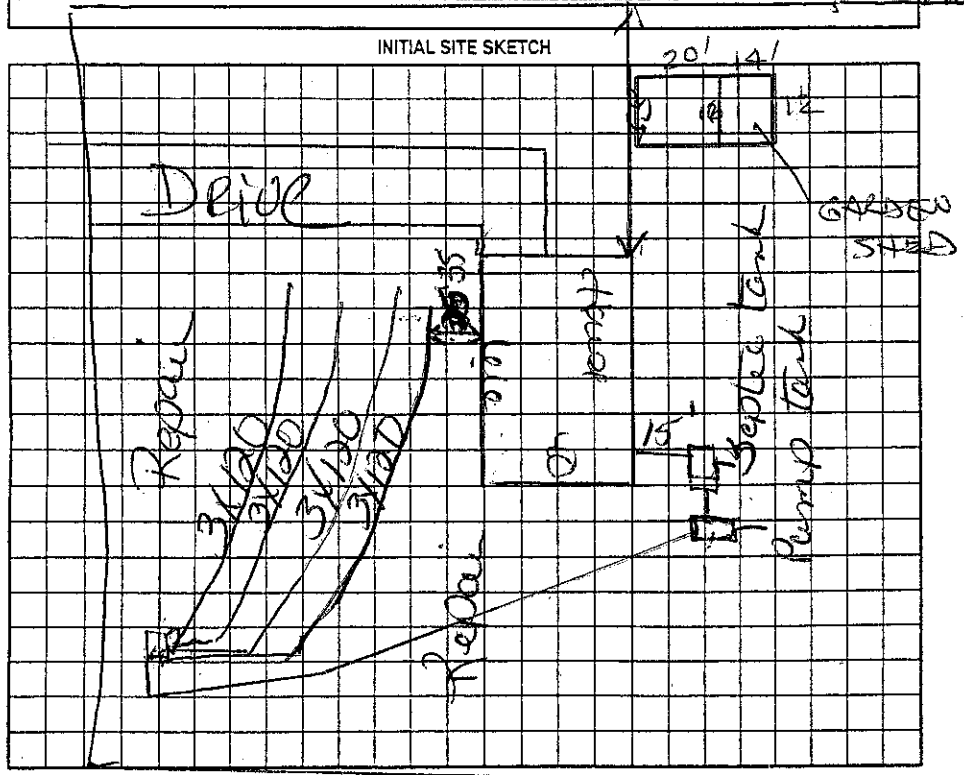
Gravel Depth N/A ☐ Gravity ☑ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Maintain all setbacks
Unsatisfactory as Constructed

Comments:/Conditions: 24" Trench

492

INITIAL SITE SKETCH



1" = 60'

Yellow Line AS BUILT SKETCH

Septic tank marker

Pump Tank Top Riser

24"

The location of the proposed GARDEN SHED addition does not appear to impact the existing septic system.

**NOTE: KEEP SHED MINIMUM 5 FT. FROM SYSTEM

R. STEVE HENDRICK REHS

Date: OCT 25, 2010

ICHD-Environmental Health Division

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 4-27-06 Installed by: Ward York

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