IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139689   PIN# 4756777292   DATE 8-30-06

OWNER OR APPLICANT KW Nicholson Inc   PHONE: Business 704-878-2517   Home

ADDRESS 930 Argyle Court Statesville NC 28677

LOCATION 21N (R) Jane Sowers (R) Country Drive 1/4 mile on right

SUBDIVISION Baymont Acres   BLOCK / SECTION   LOT 0   LOT AREA 1.354   SITE CLASS. PS   DESIGN FLOW 480   L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-7-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields   Square Feet 1600   Linear Feet 400
No Lines 4   Trench Width 36"   Max Trench Bottom Depth 36"   Gravel Depth   ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion   System Type: I II III IV V VI
System Description: 25% Gravel
Repair System Description: Low Pressure 50%
Maintenance Agreement Required: ☐ Yes ☐ No

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

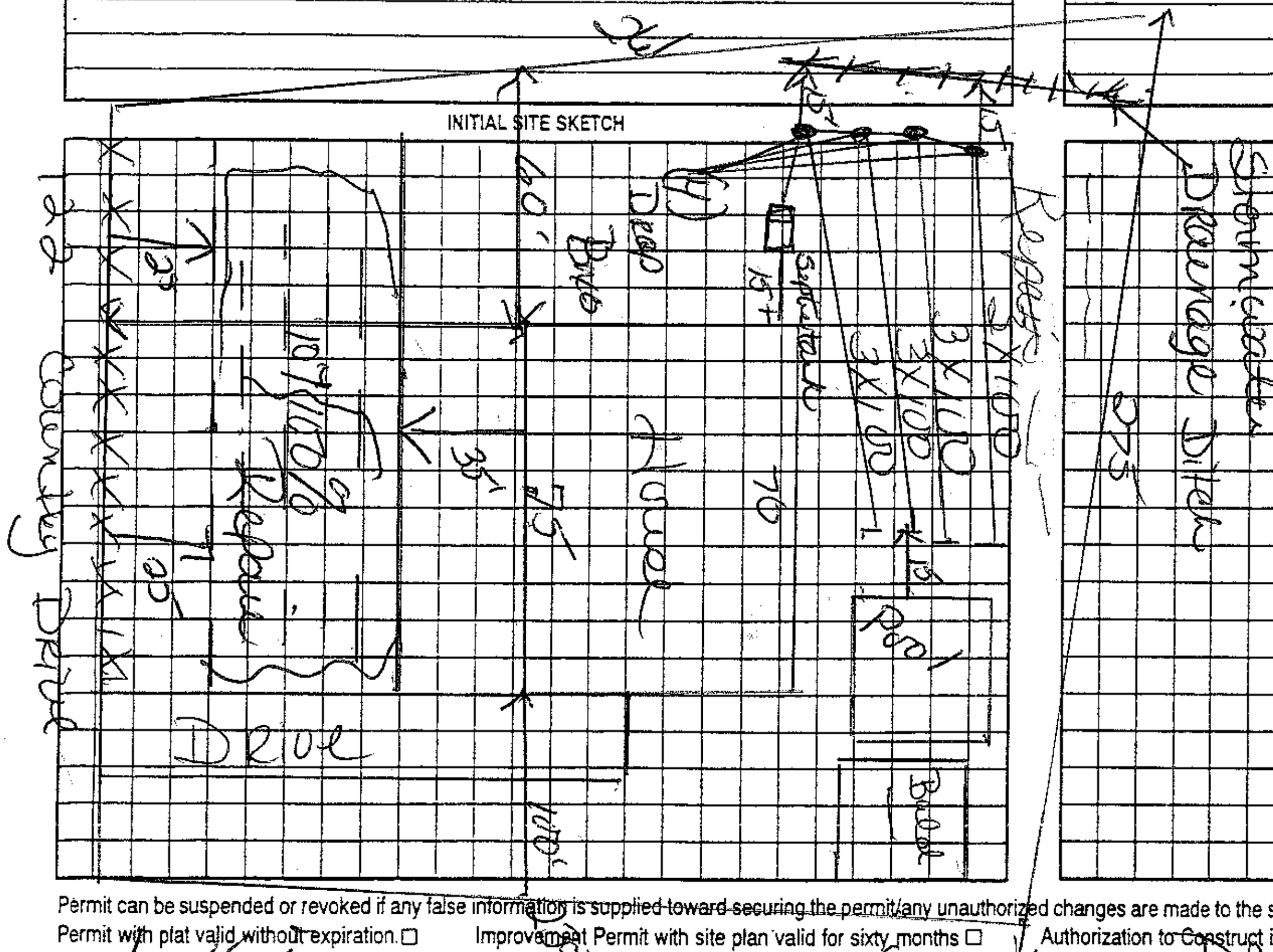
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

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

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow tab-tab Septic tank marker

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 8-30-06   Installed by: David Yountz

Improvement Permit by: Keith Cook date 8-30-06   Operation Permit by: [signature] date 5-22-07

Authorization to Construct by: Keith Cook date 10-31-06   Existing System Inspection by: date

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