IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107075 PIN# [redacted] 4765-45-0857 DATE 06-27-05

OWNER OR CONTRACTOR NYSTROM HOMES, LLC PHONE: Business 704-896-9886 Home

ADDRESS 18716 W CATAWBA AVENUE SUITE 370 CORNELIUS, NC

LOCATION HWY 64 EAST, ① RIVER HILL ON LEFT B4 OAK HAVEN DRIVE

SUBDIVISION WEXFORD BLOCK / SECTION 1 LOT 1 LOT AREA 20,000 SQ FT SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2-23-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4 x 75' 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: GRAY 25% RED
Repair System Description: SAME / PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

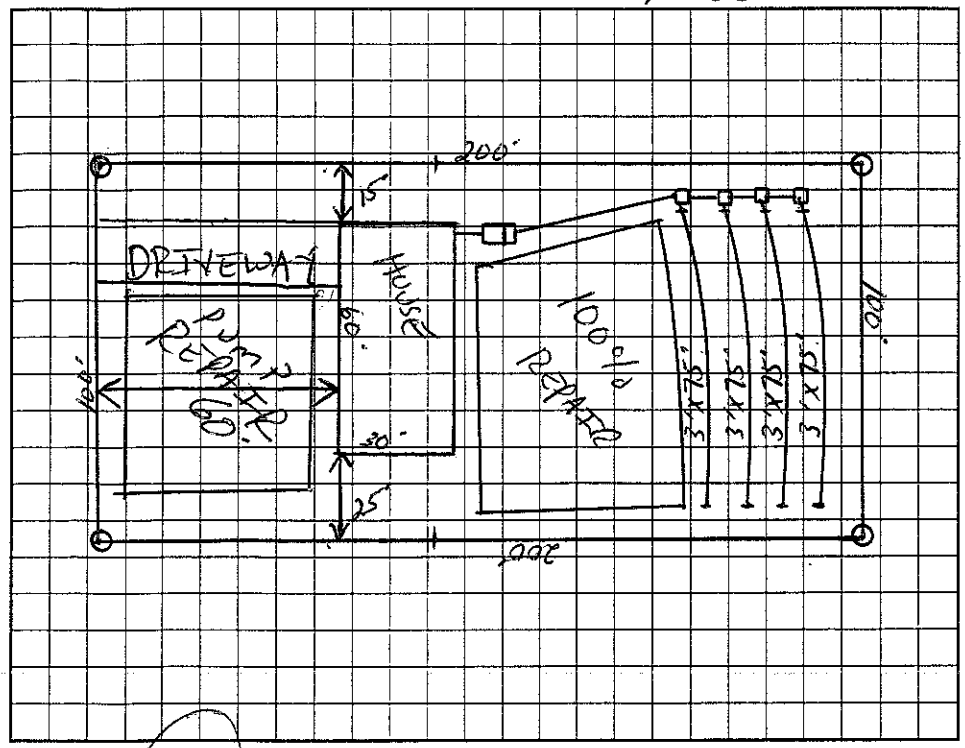
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① INSTALL LINES ON CONTOURS ② CALL FOR FLAGOUT B4 INSTALLATION IF NEEDED ③ MAINTAIN SETBACKS ④ CAN FLIP FLOP INITIAL & REPAIR IN BACK YARD IF DON'T WANT TO CLEAR ALL TREE'S.

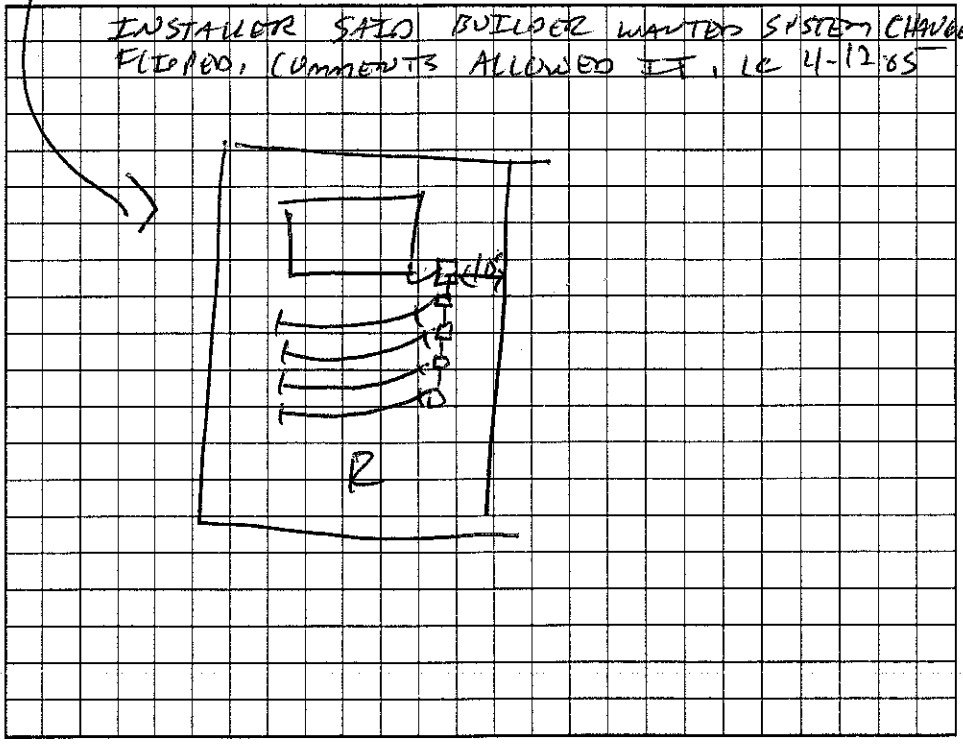
Comments/Conditions: POLYLOC FILTER & MARKER INSTALLED AS DRAWN

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

INSTALLER SAID BUILDER WANTED SYSTEM CHANGED & FLIPPED. COMMENTS ALLOWED IT. LC 4-12-05



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 ____ Installed by: K & L GRADING

Improvement Permit by: [signature] date 06-27-05 Operation Permit by: [signature] date 4-12-05

Authorization to Construct by: [signature] date 06-27-05 Existing System Inspection by: ____ date ____

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