IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 175.00 Paid / MOORESVILLE 704-664-5281

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

PERMIT# 090554 PIN# 4765465590

OWNER OR CONTRACTOR Nystrom Homes LLC PHONE: Business (704) 896-9886 Home DATE Aug 29, 01

ADDRESS 18716 W. Catawba Ave. Suite 370 Cornelius N.C. 28031

LOCATION 64 East TL River Hill TR Oak Haven on Right

SUBDIVISION Country Walk Est. BLOCK / SECTION ____ LOT 28 LOT AREA 23048 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .25 INITIAL / .125 LPP

Septic Tank: 1000 Gallons: STB 1007 Date 2.28.02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Innovative -25% Red.

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No IN Finally

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

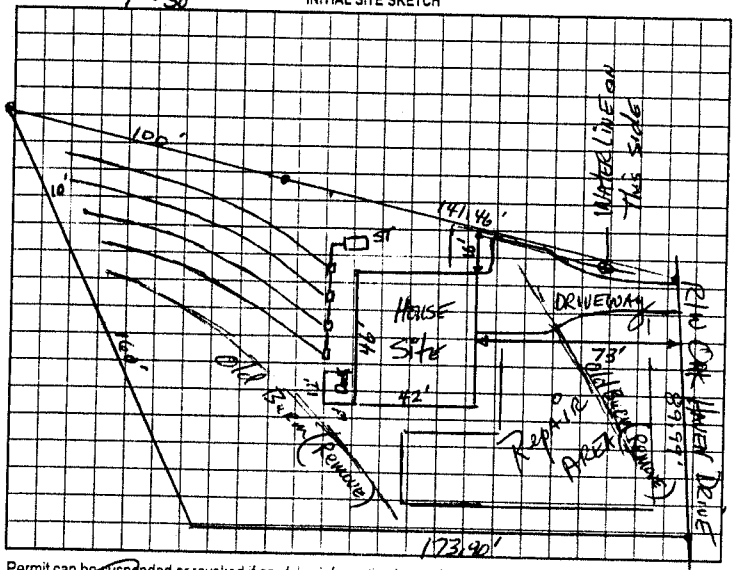
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: POLYLUX FILTER [redacted] + RISERS INSTALLED AS SHOWN

1"=50' 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 8/30/01

Improvement Permit by: [signature] IPS date 8-29-01

Authorization to Construct by: [signature] IPS date 8-29-01

Installed by: WAYNE CLONTZ

Operation Permit by: [signature] PS date 04-02-02

Existing System Inspection by: ____ date ____

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