"125.00 gpd. CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090557 PIN# 4765469468 DATE Aug 1, 01

OWNER OR CONTRACTOR Nystrom Homes LLC PHONE: Business _____ Home _____

ADDRESS 18716 W. Catawba Ave Suite 370 Cornelius NC 28031

LOCATION 64 East TL Riverhill Rd TR Oak Haven Dr. on Right

SUBDIVISION Country Woods Est. BLOCK / SECTION _____ LOT 31 LOT AREA 22068 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1000 Date 4-15-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200
No Lines 3+3 Trench Width 24" MIN 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity PP BPS
Repair System Description: LP PPPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

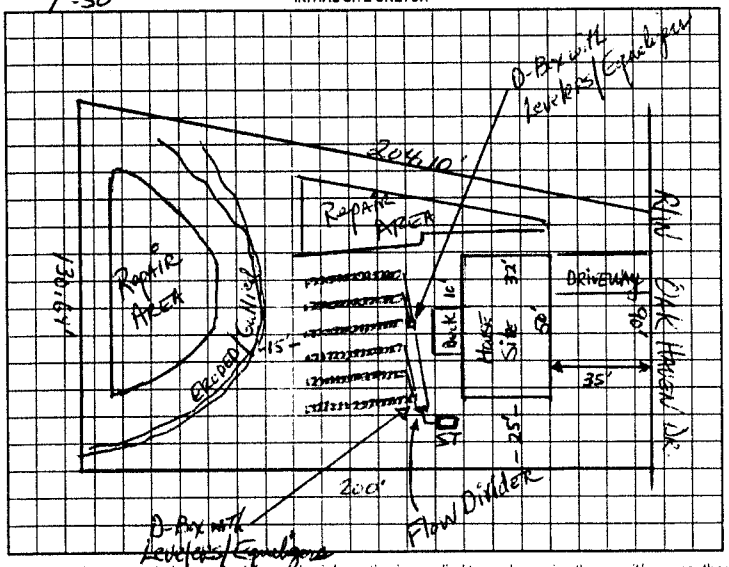
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

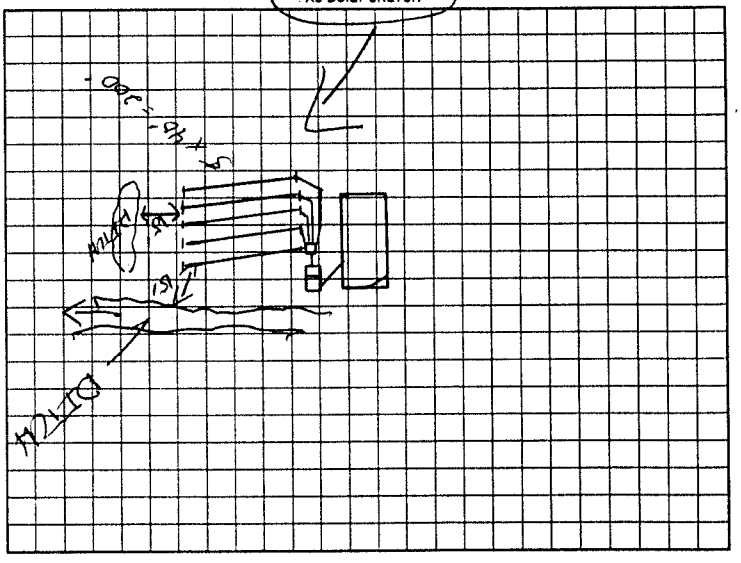
Comments:/Conditions: CR 36" MIN 96"
Do not cut house site. Backfill as needed

Comments:/Conditions: POLYLOK FILTER & MARKER CHANGED TO 5X40' DUE TO POSITIVE DRAINAGE DITCH. SET EQUIP USING SPEED LEVELERS

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: _____ date 8/2/01 Installed by: WAYNE CLONTZ

Improvement Permit by: _____ date 8-1-01 Operation Permit by: _____ date 05-24-02

Authorization to Construct by: _____ date 9-27-01 Existing System Inspection by: _____ date _____

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