IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090558 PIN# 4765560467 DATE July 30, 01

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

ADDRESS 18716 W. Catawba Ave Suite 370 Cornelius NC 28031

LOCATION From Statesville E4 East TL River Hill Rd. TR Oak Haven Dr. on Right

SUBDIVISION Country Walk Estates BLOCK / SECTION _____ LOT 32 LOT AREA 22,433 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 2-1-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 20" * Gravity Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative 25% Red.
Repair System Description: LP Innovative
Maintenance Agreement Required: ☐ Yes ☑ No Initially
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

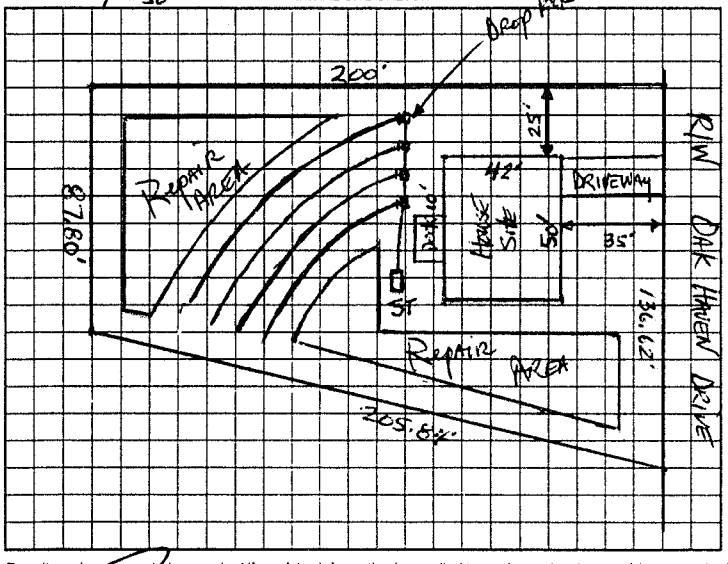
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: * Installer note maximum trench bottom depth.

Comments/Conditions: Polyglow Filter & Manifold
(1) Contours were rough because of house grading, kept 20" cover at lowest pt in contour & leveled out from there.

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

(1) Each level had ¼ psi 10' of face Acceptable by State Rules.

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 GLONTZ

Improvement Permit by: _____ date 7-30-01 Operation Permit by: _____ PS date 0404-02

Authorization to Construct by: _____ PS date 8-24-01 Existing System Inspection by: _____ date _____

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