IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080080 PIN# 4831 33 6288 (PT) DATE 4-5-99

OWNER OR CONTRACTOR JESSIE RAY NICHOLSON PHONE: Business Home 592-7881

ADDRESS 179 MYERS MILL ROAD, STATESVILLE, NC 28625

LOCATION NC115 North, TR FRIENDSHIP ROAD, TL MYERS MILL RD, ON LEFT AT BOX # 179

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.60 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 SPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-12-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

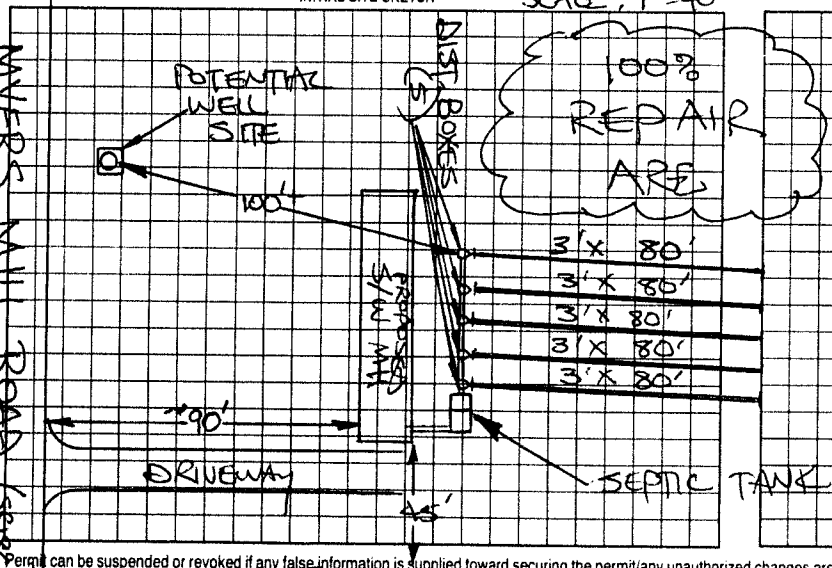
☑ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other FUTURE 3BR

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

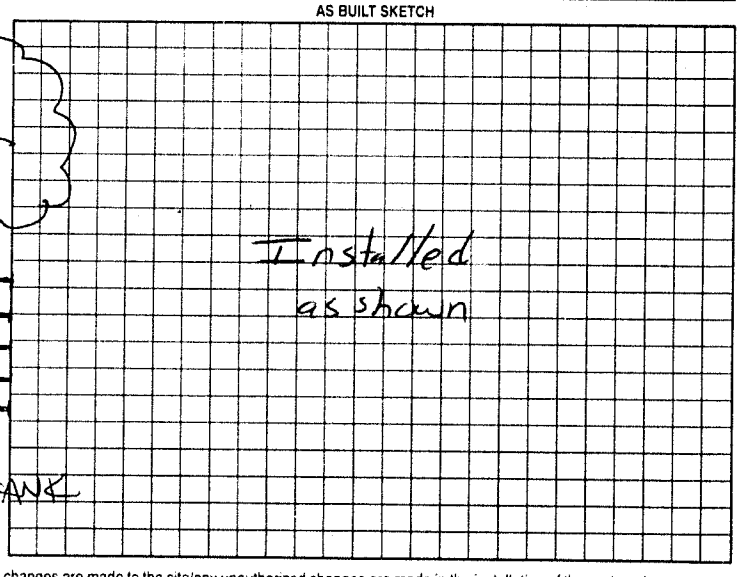
Comments/Conditions:

Comments/Conditions

INITIAL SITE SKETCH SCALE: 1"=40'



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: + Jessie R Nicholson date 4-5-99

Improvement Permit by: STEVE HEDRICK date 4-5-99

Authorization to Construct by: STEVE HEDRICK date 4-5-99

Installed by: Kenny Madison

Operation Permit by: MayCOJ RS date 5-5-99

Existing System Inspection by: _____ date _____

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