IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4863661124 DATE ~~6~~ 7-6-98

OWNER OR CONTRACTOR Mark Nicholson PHONE: Business _____ Home _____

ADDRESS 181 Holcomb Rd Hamptonville

LOCATION 901 TL Eagle Mill TL Holcomb 1st House on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 760 Date 4-21-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36 in Max Trench Bottom Depth 36 in Gravel Depth 12 in

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI
System Description: _____
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

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

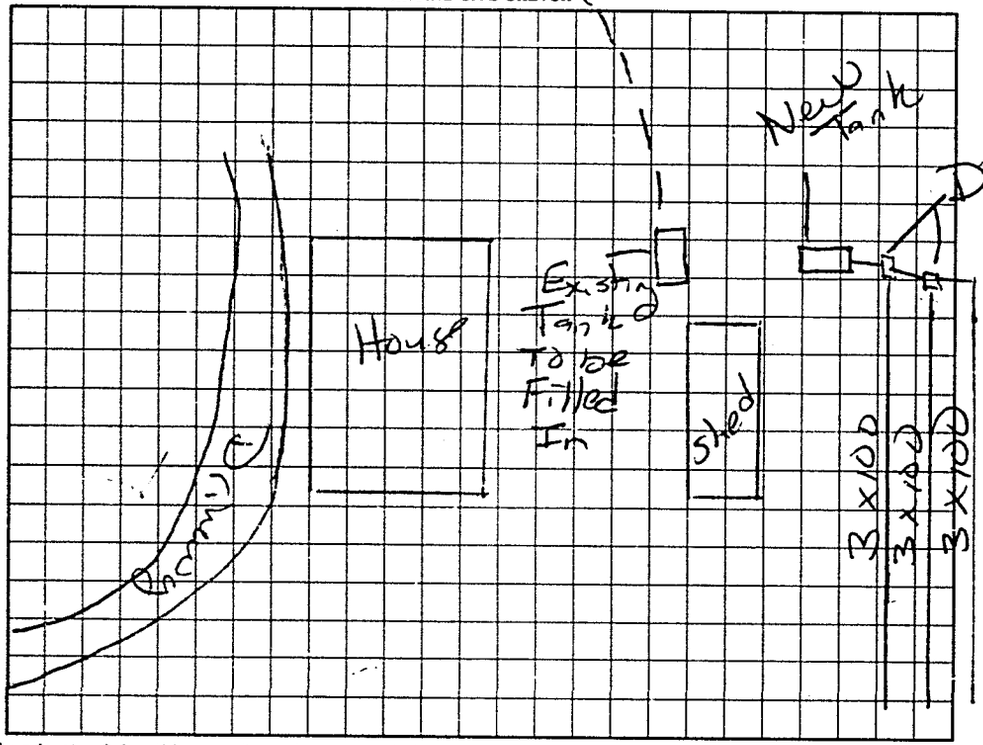
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

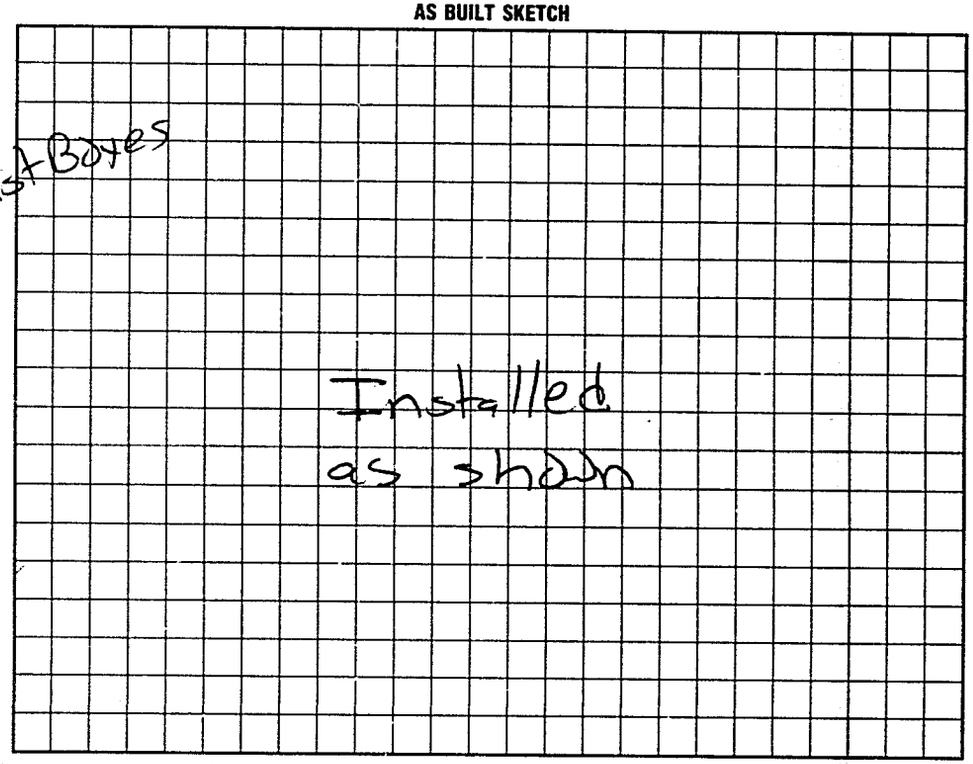
Comments:/Conditions: (1) Set New Tank (2) Fill in old tank (3) keep lines on contour 9ft on center

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 7-6-98 Installed by: Bill Grimes

Improvement Permit by: Mat C Odom RS date 7-6-98 Operation Permit by: Mat C Odom RS date 7-13-98

Authorization to Construct by: Mat C Odom RS date 7-6-98 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

S26200