IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072217 PIN# 4863661124 DATE 3-6-98

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 Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

[ ] New System [X] Repair System Type: I, II, III, IV, V, VI

System Description:

Repair System Description: Tank

Maintenance Agreement Required: ☐ Yes ☐ No

[X] House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

☐ Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: [X] Individual ☐ Public ☐ Community

Comments:/Conditions:

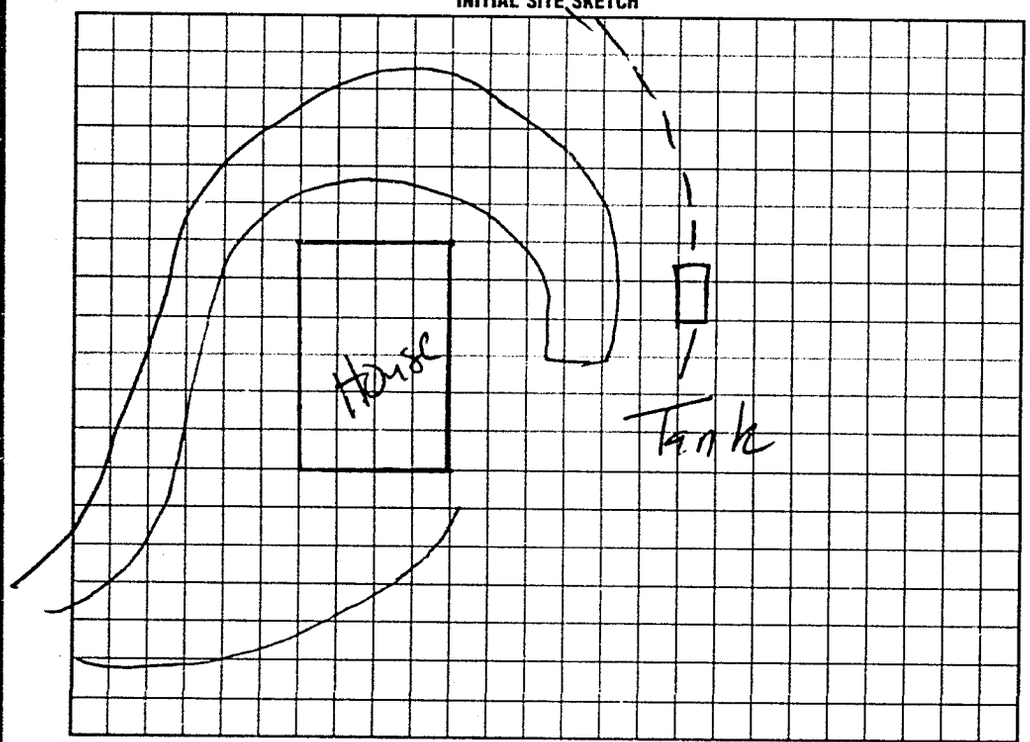
Pump Tank - Inspect Tank ① May need only new lid ② may need New Tank If only Lid replace Check 'T' replace if needed

Comments:/Conditions:

Will Determine line Replacement at time of Tank inspection

Call when uncover Tank

INITIAL SITE SKETCH



AS BUILT SKETCH

7/2 - Checked Tank Need to Replace Tank & new lines

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: Stephen M. Short date

Improvement Permit by: Mark C Ott RS date 3-6-98

Authorization to Construct by: Mark C Ott RS date 3-6-98

Installed by: Existing/Operation Permit

~~Operation Permit~~ by: Mark C Ott 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

9 2 6 2 0 0