IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083994 PIN# 4863 77 1166 (PART) DATE 9-2-99

OWNER OR CONTRACTOR HENRY NICHOLSON PHONE: Business _____ Home 539-4461

ADDRESS 205 HOLCOMB ROAD, HAMPTONVILLE, NC 27020

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS, TL HOLCOMB, TR LELAND, 2ND LOT ON LEFT

SUBDIVISION NICHOLSON BLOCK / SECTION _____ LOT 4 LOT AREA 0.57 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 7-27-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300
No. Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

✓ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ✓ No

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

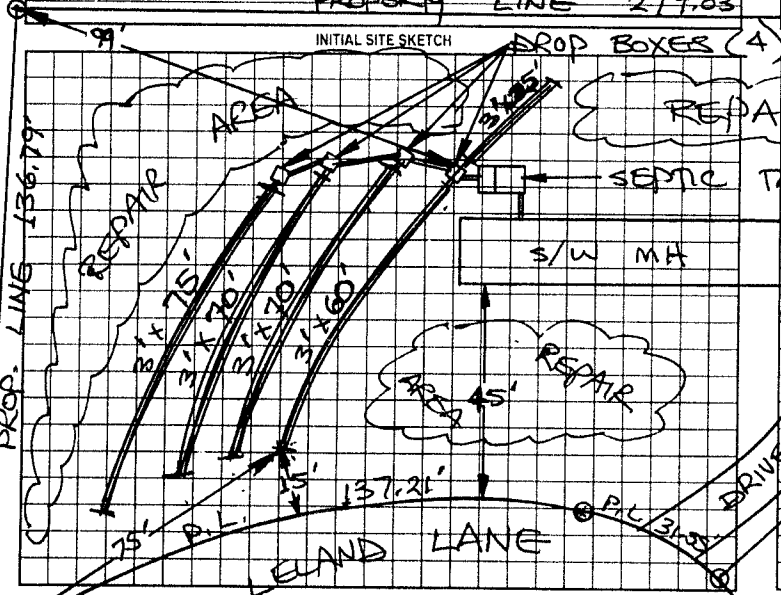
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community
SPRING

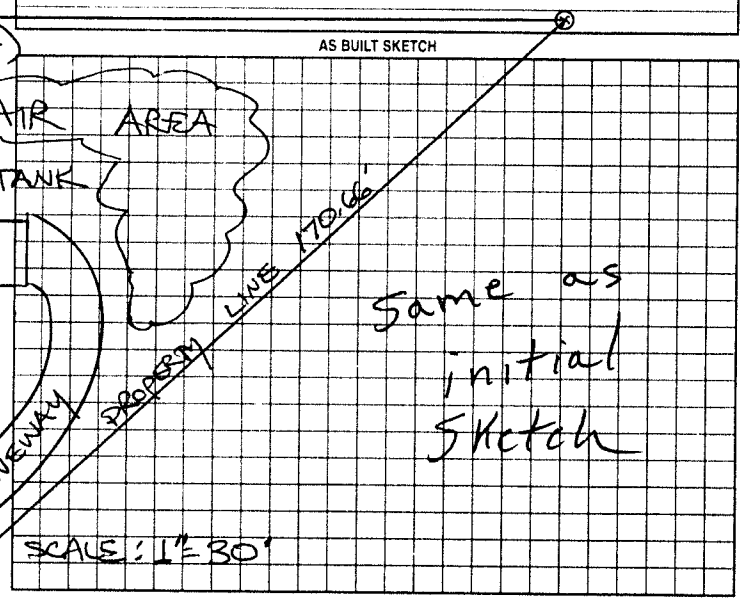
Comments/Conditions:
PROPERTY LINE 279.03'

Comments/Conditions

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: H.C. Nicholson date 9-2-99 Installed by: Billy Grimes

Improvement Permit by: STEVE HEDRICK date 9-2-99 Operation Permit by: C.C. Moore date 9-14-99

Authorization to Construct by: STEVE HEDRICK date 9-2-99 Existing System Inspection by: _____ date _____

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