IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 980324 PIN# 4863 77 1166 DATE 5-11-99

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

ADDRESS 205 HOLCOMB ROAD, HAMPTONVILLE, NC 27020

LOCATION I-77N, TR NC901, TL EAGLE MILLS RD, TL HOLCOMB ROAD, TR LELAND LANE, AT END

SUBDIVISION NICHOLSON BLOCK / SECTION LOT 6 LOT AREA 0.634 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 3-7-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines FOUR 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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

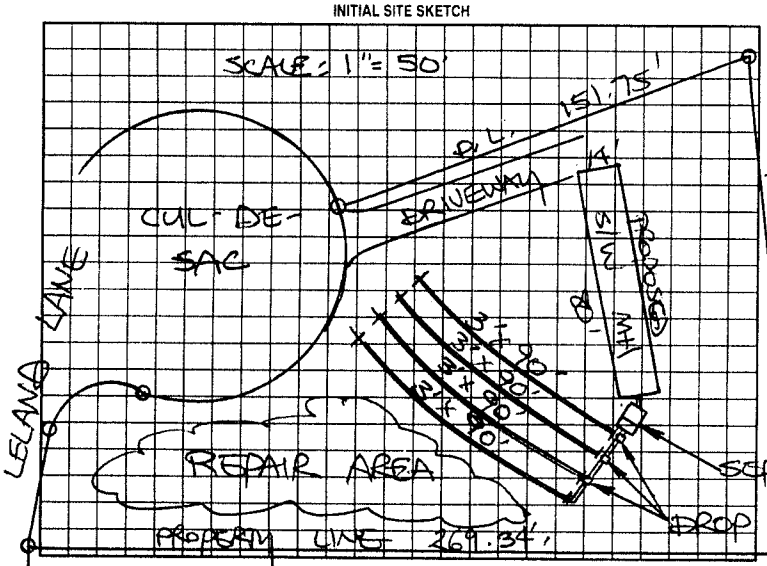
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other FUTURE 3BR

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INIDAL SITE 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: + HC Nicholson date 5-11-99 Installed by: BILLY GRIMES

Improvement Permit by: STEVE HEDRICK date 5-11-99 Operation Permit by: STEVE HEDRICK date 5-28-99

Authorization to Construct by: STEVE HEDRICK date 5-11-99 Existing System Inspection by: date

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