IREDELL COUNTY HEALTH DEPARTMENT

...SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 081234 PIN# 4624 35 1625 DATE 6/4/99

OWNER OR CONTRACTOR Ronald Wayne Dickson PHONE: Business _____ Home 664-4157

ADDRESS 2487 Brawley Sch. Rd. Mooresville, NC. 28117

LOCATION 1100, .7 mile on D past Stonemarker Rd.

SUBDIVISION CL+T BLOCK / SECTION 6 LOT 489 LOT AREA ~1.4Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 10/9/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 @ 75'x3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: GRAVITY - CH PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [ ] No

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

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

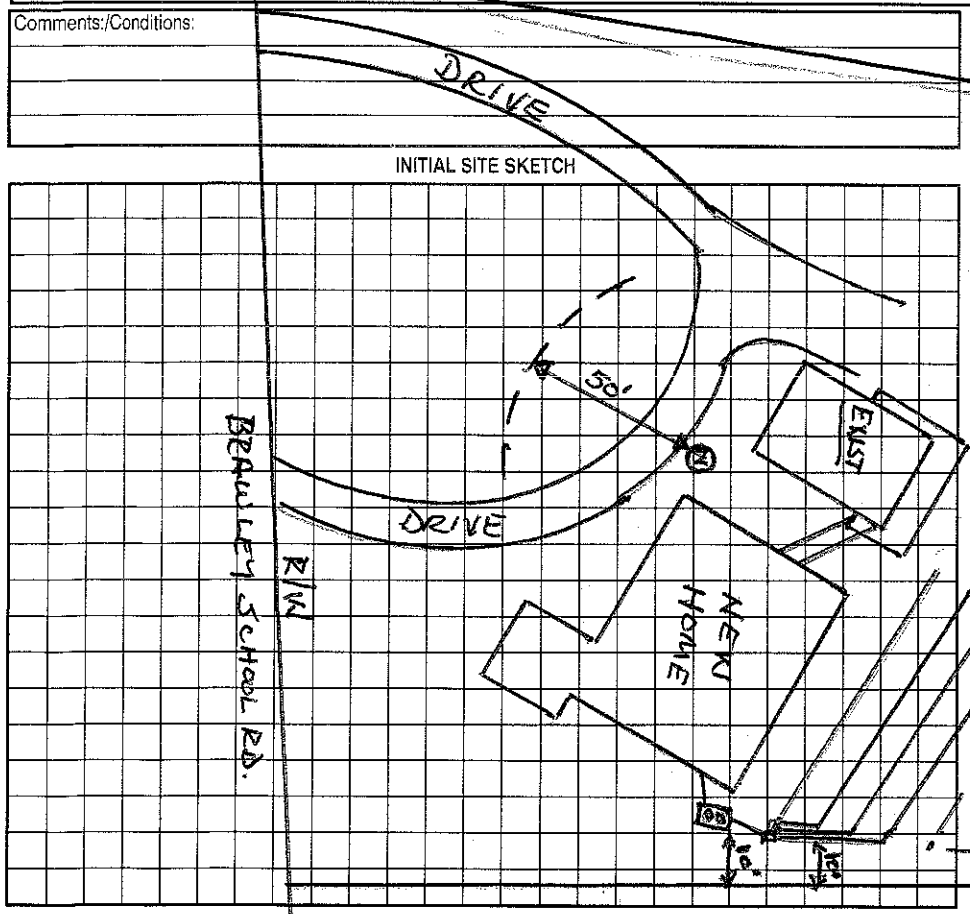
[ ] Other _____

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

Water Supply: [X] Individual [ ] Public [ ] Community

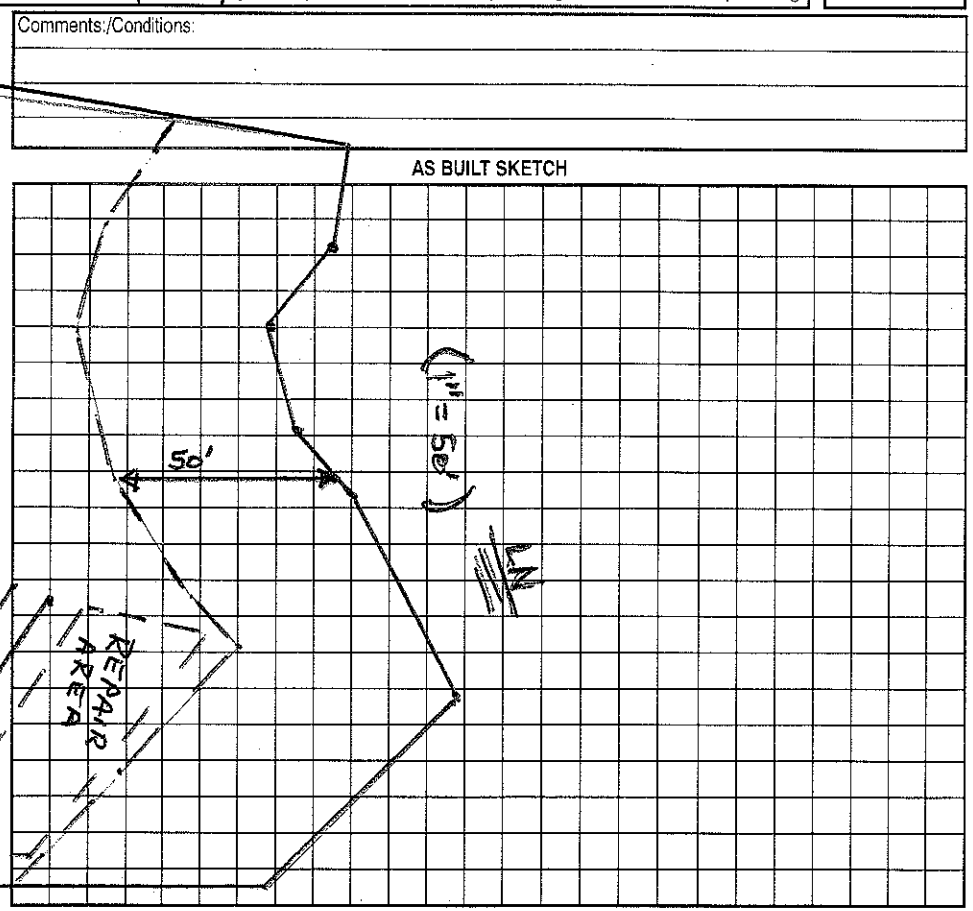
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

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: * Ronald W. Dickson date 6-7-99

Improvement Permit by: Wesley Sparks R.S. date 6/4/99

Authorization to Construct by: Wesley Sparks R.S. date 6/4/99

Installed by: Larry Beam

Operation Permit by: Wesley Sparks R.S. date 1/27/00

Existing System Inspection by: _____ date _____

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