IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20323 DATE 2/1/95 TAX MAP NO. 2C 1 B 14 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Scott Dickinson PHONE: Business Home 529-6344

ADDRESS 4400 Park Rd. Charlotte, NC. 4624 886833

LOCATION Yacht Rd., TL on Real Ln.

SUBDIVISION Yacht Harbor BLOCK / SECTION 1 LOT 14 LOT AREA ~.47 Ac SITE CLASS. P DESIGN FLOW .360 L.T.A.R. .25 / .3

Septic Tank: 1000 Gallons; STB 714 Dellinger Date 9-15-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, ☑ II, III, IV, V, VI

System Description: Conv.

Repair System Description: PABS 16"

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

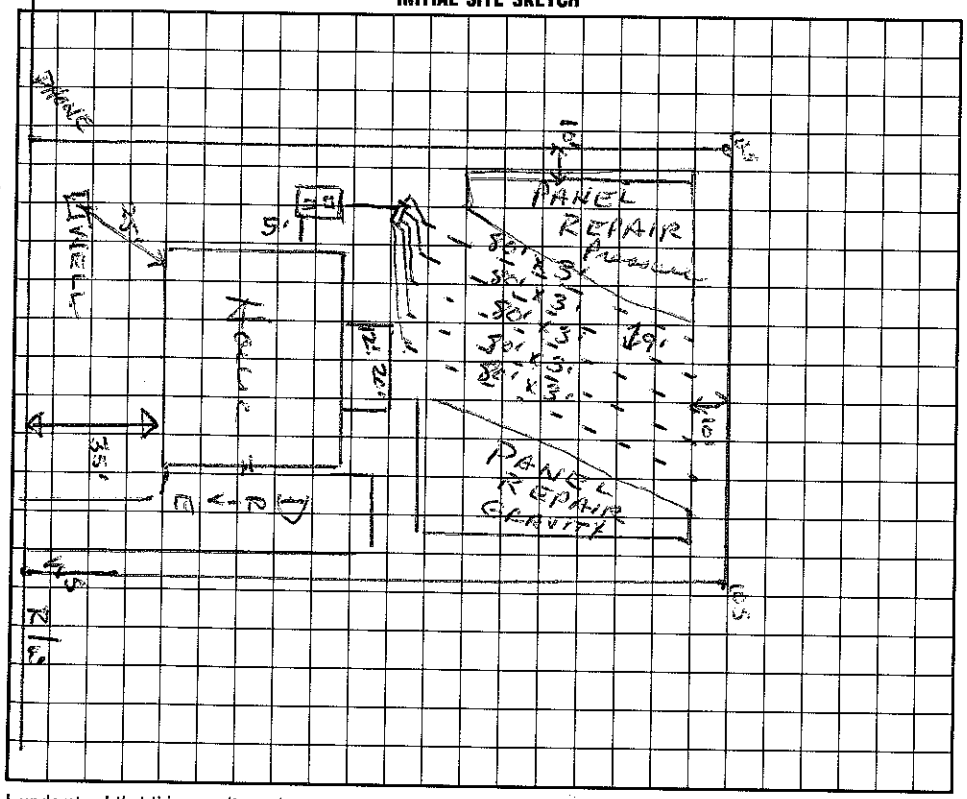
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

Comments: Installed substantially as shown

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 is valid for 60 months from date of issuance.

Signed: James B. Kinney

Improvement Permit by: Wesley Sparks RS. date 2/20/95

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: D.R. Hinson, RS date 10/13/95

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