IREDELL COUNTY HEALTH DEPARTMENT

TESVILL[illegible]378-5305 MOORESVILLE 704-664-5281

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

PERMIT# 102177 PIN# 4625-94-1648.854 4625 50 5362 DATE 2/10/04

OWNER OR CONTRACTOR Dicent Custom Homes PHONE: Business _____ Home _____

ADDRESS 9606-A Caldwell Commons Cir Cornelius NC 28031

LOCATION BSR, TR Lightship, on LT on Corner of Swayne St.

SUBDIVISION Point BLOCK / SECTION 8 LOT 854 LOT AREA 39,205 Ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.2

Septic Tank: 1000 Gallons: STB 338 Date 2-12-04

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 6@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair System Type: I II (III) IV V VI

System Description: Gravity 25% Reduct.

Repair System Description: Pump 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

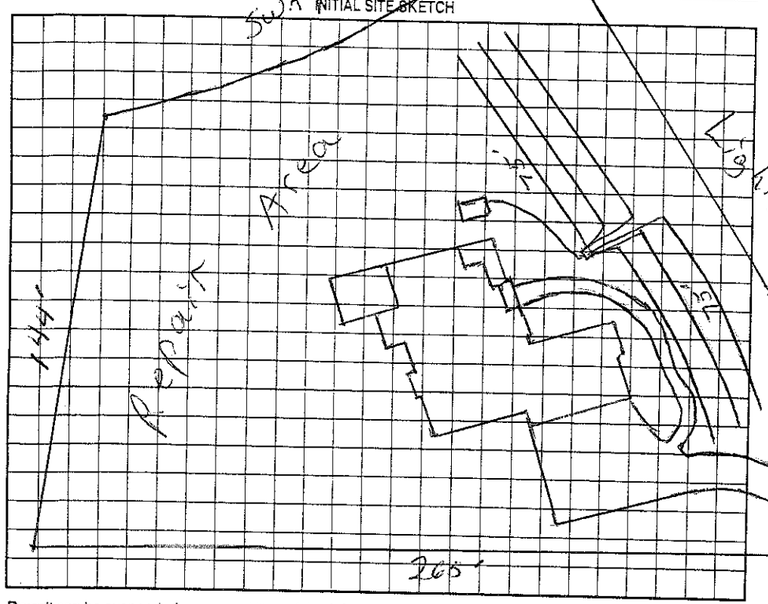
Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions:

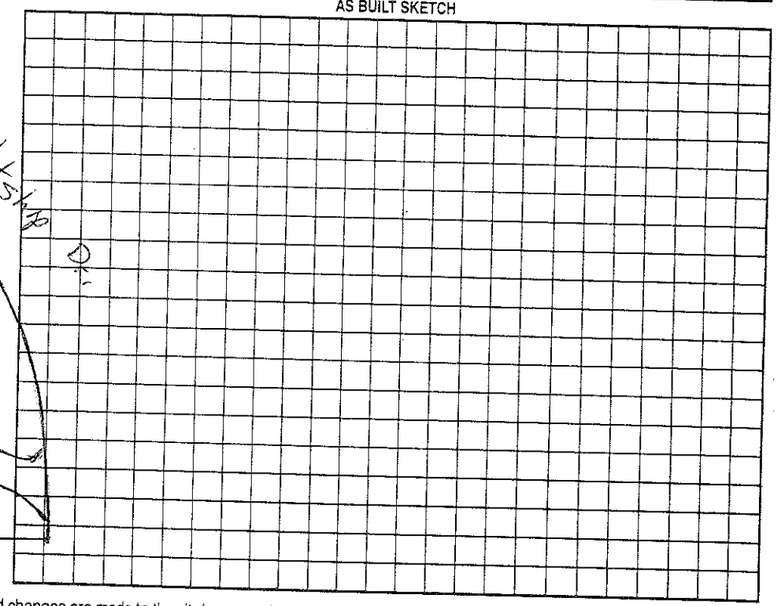
1"=50'

Comments:/Conditions: Checked tank 3-17-04
Checked lines 3/19/04

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: _____ date 2/24/04

Improvement Permit by: _____ RS date 2/10/04

Authorization to Construct by: _____ RS date 2/10/04

Installed by: R & H

Operation Permit by: _____ R.S. date 3/19/04

Existing System Inspection by: _____ date _____

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