IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — 791-4090 — MOORESVILLE 704-664-5281

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

PERMIT# 118756 PIN# 4626.38 4001. 367 4626267656 DATE 1-31-05

OWNER OR CONTRACTOR Nick Dimovski / JS Testa PHONE: Business 507-6527 Home 201-7411

ADDRESS P.O. Box 471 Cornelius NC 28031

LOCATION Brawley School Rd TR McKendree TL Kemp TR Alder Springs TL Bay berry on left

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 367 LOT AREA .78 Acre SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 5/15/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

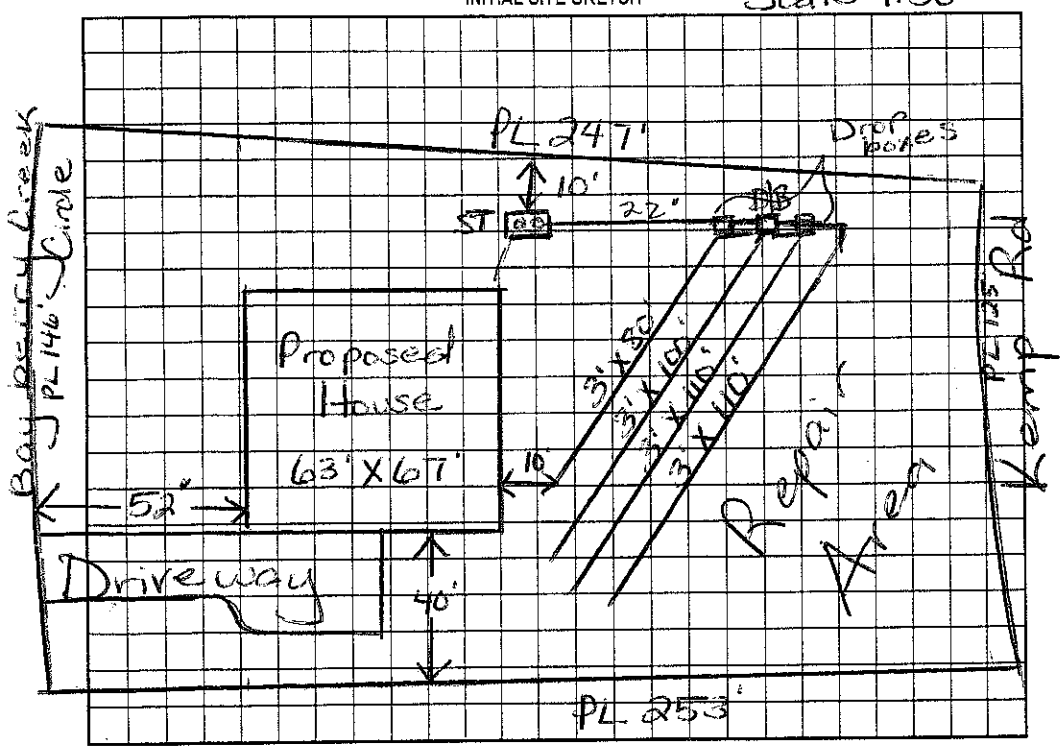
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' from PL

Comments/Conditions: Infiltrators installed - Dist Box used instead of Drop Boxes.

INITIAL SITE SKETCH Scale 1:50'



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: Nick Dimovski date 2/4/05

Improvement Permit by: Maria H. Dotson RS date 1/31/05

Authorization to Construct by: Maria H. Dotson RS date 1/31/05

Installed by: Larry Tucker Jr.

Operation Permit by: Wesley Sparks RS. date 8/17/05

Existing System Inspection by: _____ date _____

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