IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072685 PIN# 4634 99 7901 DATE 2/14/00

OWNER OR CONTRACTOR Dwight Dickerson PHONE: Business _____ Home _____

ADDRESS c/o 19700 Hwy 73 W - PO Box 429 Cornelius, NC. 28031

LOCATION Knoxview Lane, Langtree Rd TL 2ND Knoxview, 4th on (L) past Castle Ct.

SUBDIVISION Kings Landing BLOCK / SECTION _____ LOT 48 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: ~~1500~~ 1000 Gallons; STB 338 Date 4-17-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 7 @ 60'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: C-RAW - HDS or CH. PLASTIC

Repair System Description: ~~Press.~~ HDS or CH. Plastic

Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 4

( ) Mobile Home No. Bathrooms 3

( ) Business No. Employees _____

( ) Other _____

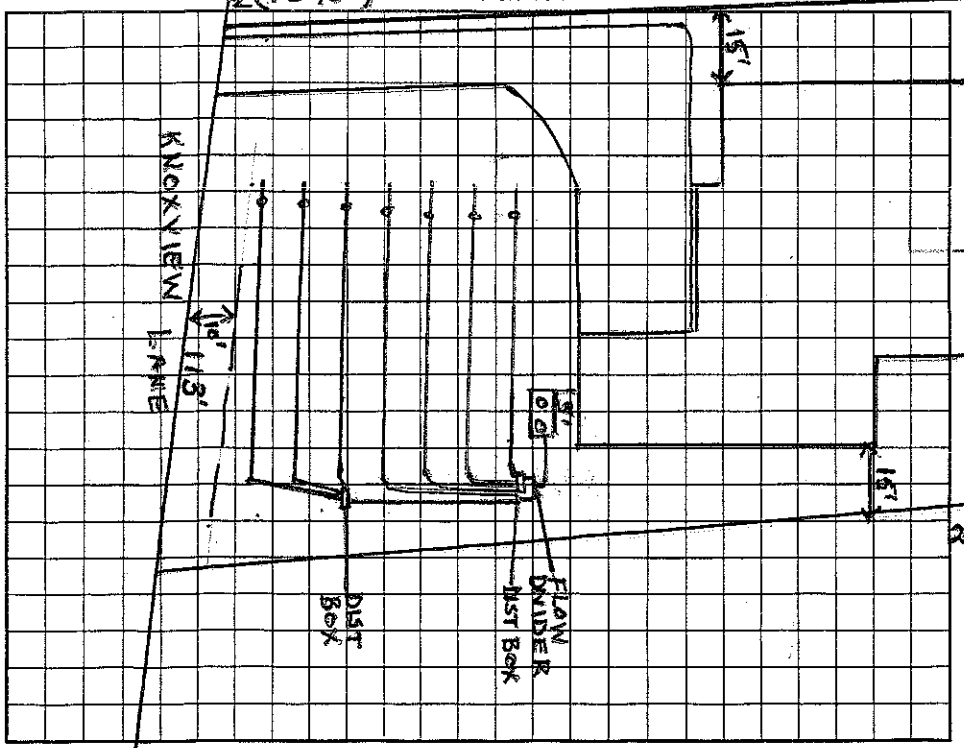
( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

Water Supply: ( ) Individual ( ) Public (X) Community

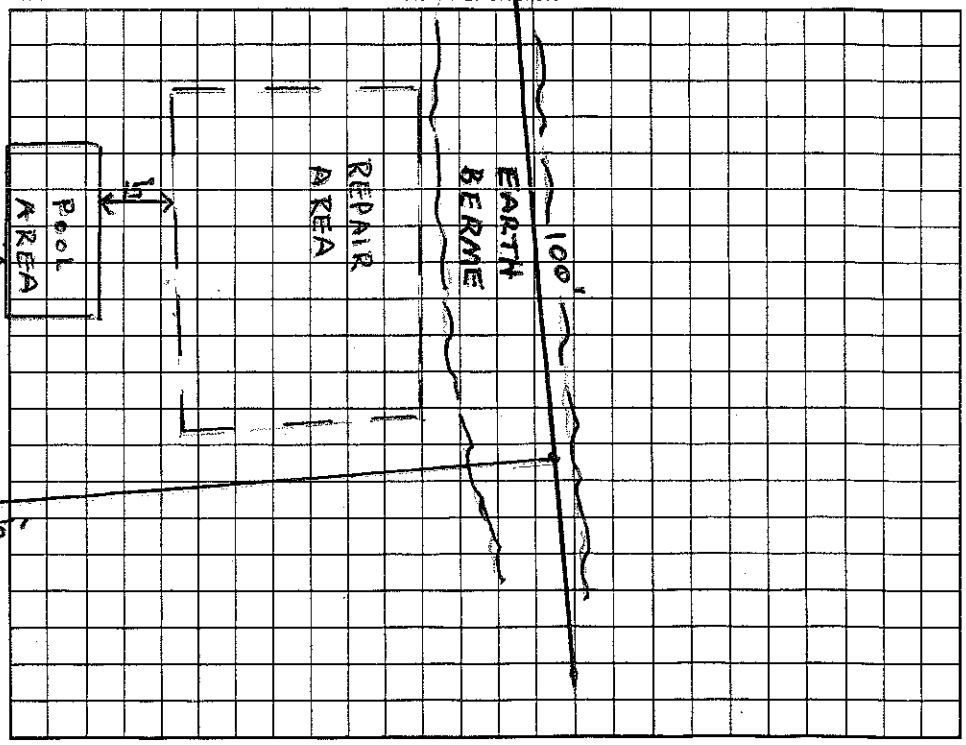
Comments:/Conditions: Inspection Ports required on each line

Comments:/Conditions: Installed as Drawn

INITIAL SITE SKETCH (1" = 40')



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: * Steve Hagel date 2/23/00 Installed by: E. J. Ervin

Improvement Permit by: Wesley Sparks RS. date 2/14/00 Operation Permit by: [signature] date 9/22/00

Authorization to Construct by: Wesley Sparks RS. date 2/14/00 Existing System Inspection by: _____ date _____

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