IREDELL COUNTY HEALTH DEPARTMENT

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

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

#116635

PERMIT# 07197G/11663 PIN# 4625941684 4635-14-1413 DATE 2-18-04

OWNER OR CONTRACTOR David Dibble Homes / Tim Petrea PHONE: Business 704 799-1688 Home 575-8699

ADDRESS P.O. Box 2355 Cornelius NC 28031

LOCATION Brawley School Rd TL Point Dr / Queen Anne Circle TL Easton Circle to Old Post 1st lot on Rt.

SUBDIVISION The Point BLOCK / SECTION 1A LOT 11 LOT AREA 28,866 SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 338 Date 4-14-04
Pump Tank: 1000 Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200' Linear Feet 400'
No Lines 4@100' 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: LPP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

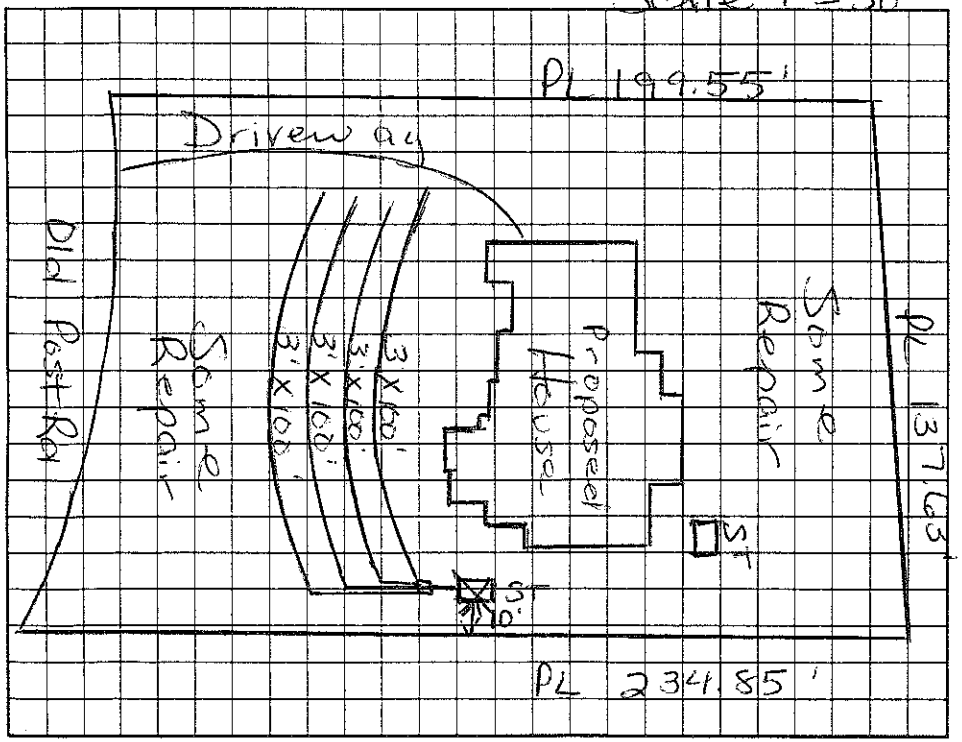
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH Scale 1"=50'



AS BUILT SKETCH

Installed EZ Flow 5-80' lines as Drawn

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: ____ R.S. date 2-19-04 Installed by: Wayne Orbison

Improvement Permit by: Maria H. Dotson R.S. date 2/18/04 Operation Permit by: Maria H. Dotson R.S. date 5/21/04

Authorization to Construct by: Maria H. Dotson R.S. date 2/18/04 Existing System Inspection by: ____ date ____

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