IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-[illegible]305 · MOORESVILLE 704-664-5281

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

1, 30 25-175.00

100.00 owed

PERMIT# 17473 PIN# Pt. of 2E-B-10 / 4636-11-9376 DATE 12-18-97

OWNER OR CONTRACTOR Dickinson Custom Builders PHONE: Business 662-8778 Home 608-3794

ADDRESS P.O. Box 2428 Cornelius NC 28031

LOCATION Brawley School Rd TL Isle of Pines TR Cove Creek Rd TR Mussel Ct 1st lot on left

SUBDIVISION North Shore BLOCK / SECTION III LOT 73 LOT AREA 20,000 SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/27/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 460'

No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Shallow-Gravity Conventional

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

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

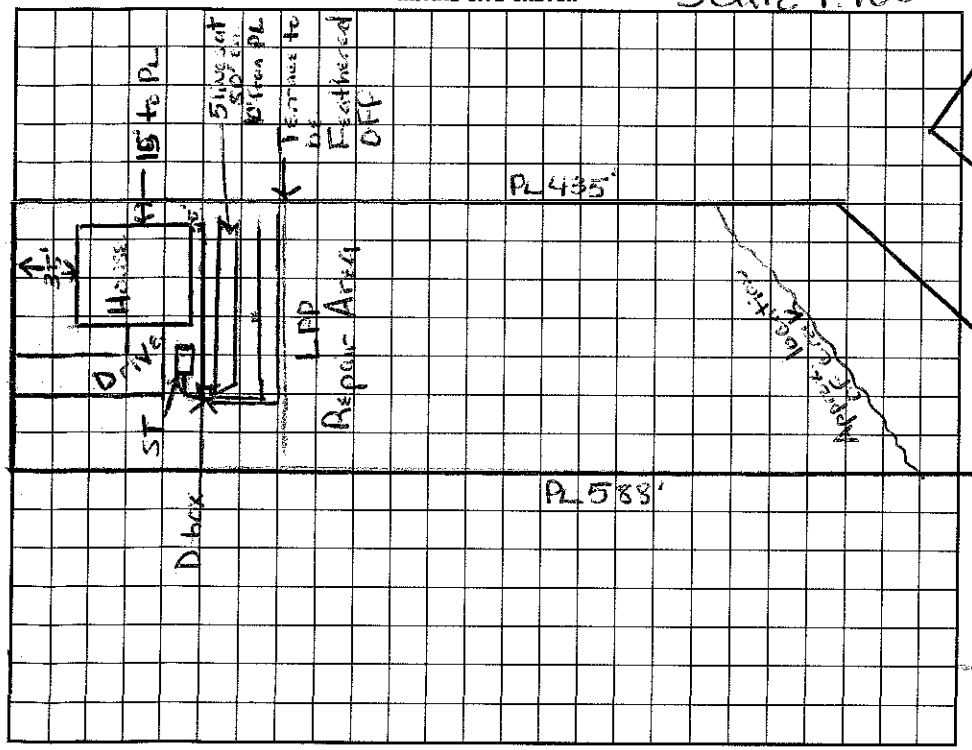
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:* Keep Septic Tank at least 15' from side of Basement/Foundation Drain. Drainlines must be at least 5' downslope of Foundation & 10' from PL

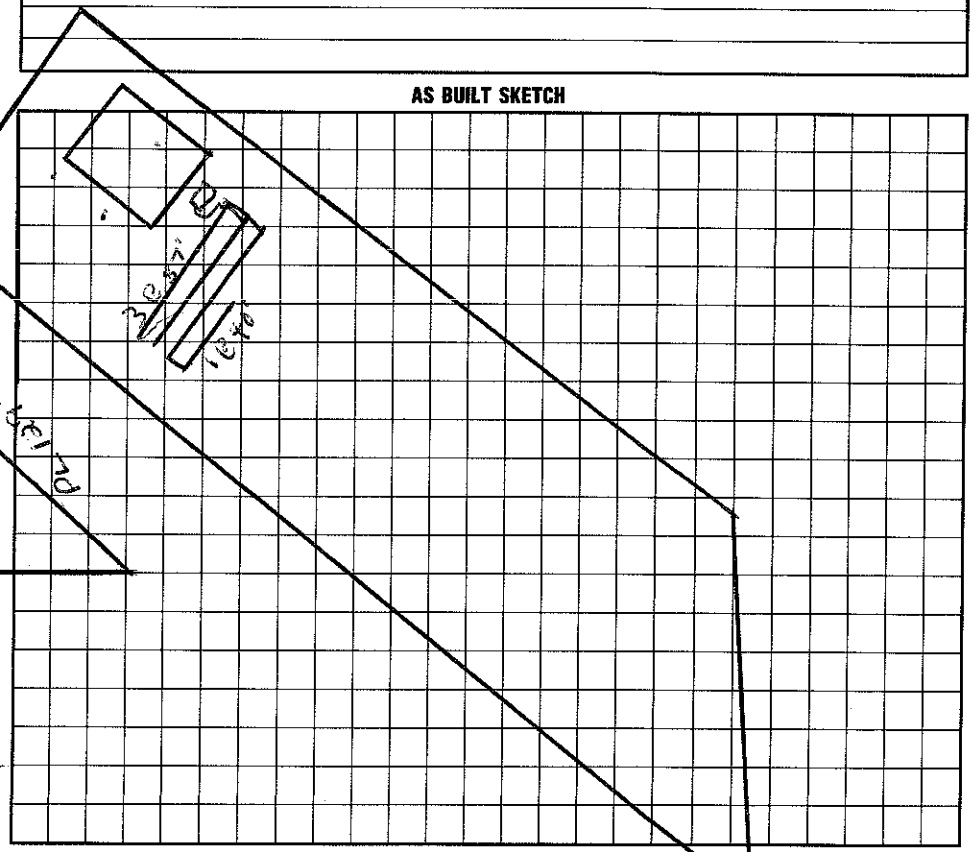
* MAY USE 300' OF CHAMBERED PLASTIC AWS-1/15/99

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:100



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 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: [signature] date 12/18/97 Installed by: STANLEY SEPTIC

Improvement Permit by: Maria H. Dotson date 12/18/97 Operation Permit by: Wesley Sparks RS. date 3/18/99

Authorization to Construct by: Maria H. Dotson date 12/18/97 Existing System Inspection by: _____ date _____

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