2100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102495 PIN# 4636-89-7288 4636 89 7247 DATE 2/28/02

OWNER OR CONTRACTOR Terry L. Dixon PHONE: Business Home

ADDRESS 115 Regency Rd Mooresville NC 28117

LOCATION Brawley Sch, TL Catawba Creek, TL Regency on Lt across from High Tower

SUBDIVISION Regency LK BLOCK / SECTION E LOT 13/14 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Gallons; STB 760 Date 12-9-01

Pump Tank: 1000 Gallons; PT 188 Date 10-7-01

Pump Make: Barnes Model 2EHV3314 Serial No. 110733

Nitrification Field: No Fields 1 Square Feet Add 300' Linear Feet Add 100'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Pump to Bed + Add 25% Rd.

Repair System Description: Panel

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

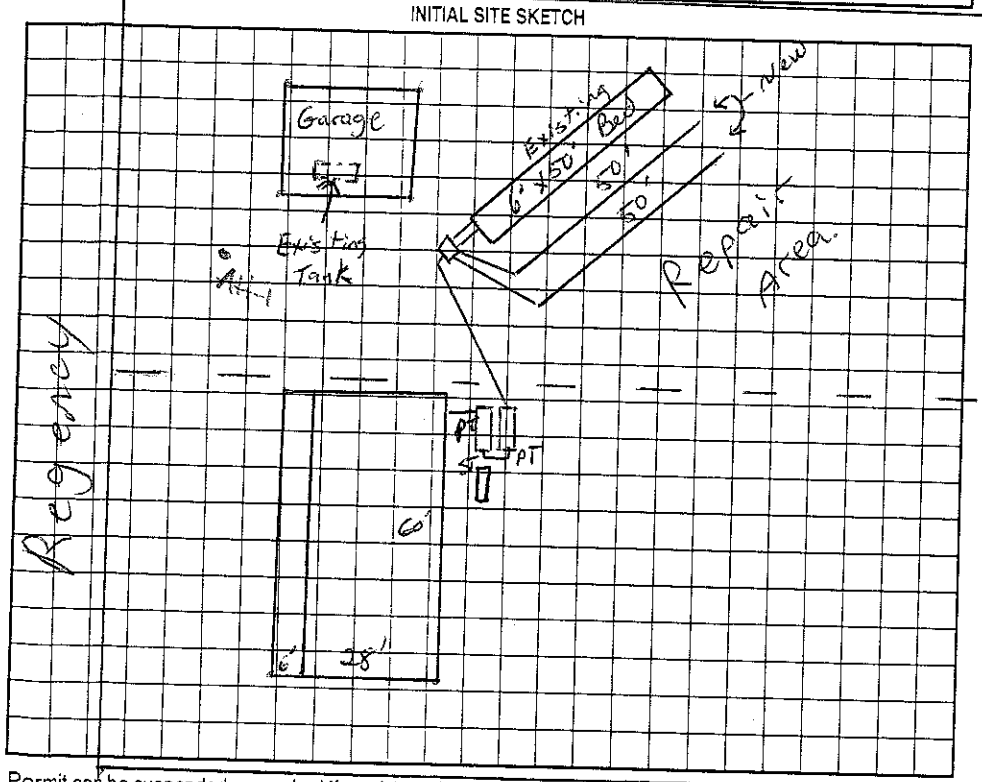
Water Supply: ☐ Individual ☐ Public ☒ Community

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

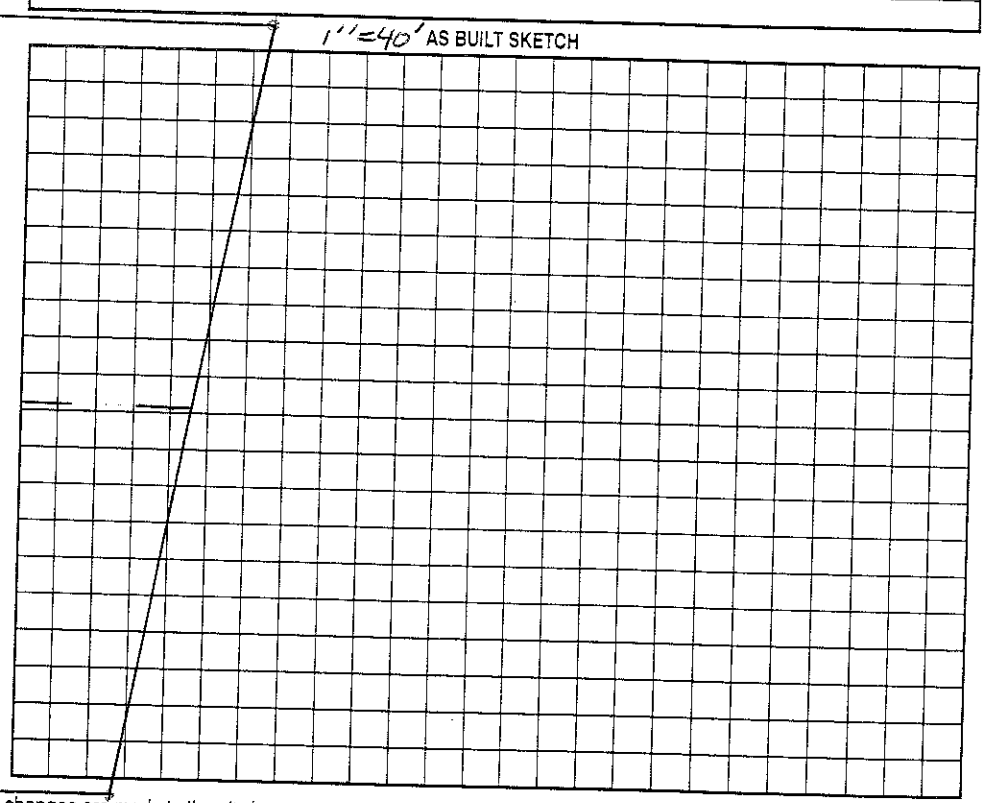
Comments/Conditions: Existing Tank Needs to be pumped Out, Crushed, & filled in

Comments/Conditions: Checked tanks 3/26/02 Exist. tank was abandoned

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: Marian Martin date 3/5/02 Installed by: D.S Myers

Improvement Permit by: RS date 2/28/02 Operation Permit by: RS date 4/4/02

Authorization to Construct by: RS date 2/28/02 Existing System Inspection by: date

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