IREDELL COUNTY HEALTH DEPARTMENT

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

4637354701

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17199 DATE 11-15-93

OWNER OR CONTRACTOR KELLY MARSHALL DICKERSON CUSTOM BLDRS TAX MAP NO. 2F 14 A 44

ADDRESS 10100-208 CEDAR CIRCLE CHARLOTTE, NC. 28210 PHONE: Business Home 543-8914 Watershed: ☐ Yes ☐ No

LOCATION ON WEST SIDE OF SR 1221, ~ 9/10 MILE FROM SR 1180 (DOOLIE RD)

SUBDIVISION Whippoorwill Woods BLOCK / SECTION — LOT 49 LOT AREA .75 ACRE SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25 - 0.3

Septic Tank: 1000 Gallons; STB 794 Date 1-2-96

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. 360'

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 20-24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other

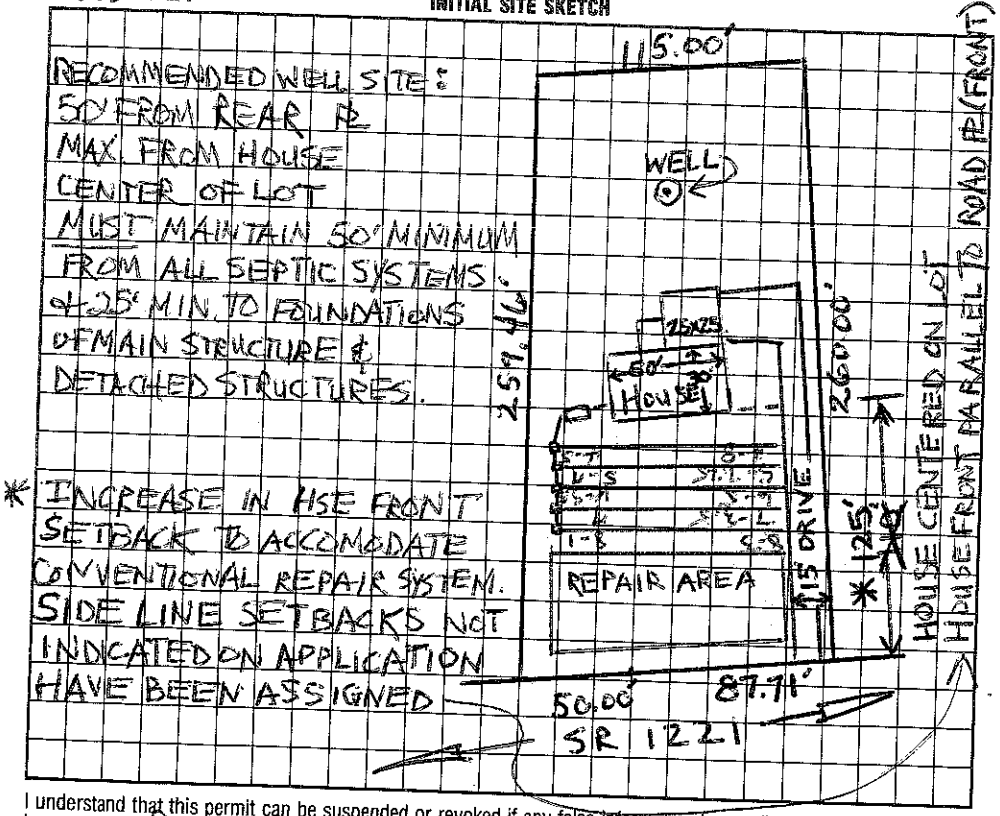
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: DO NOT INSTALL DURING WET SOIL CONDITIONS. DO NOT EXPOSE SOIL TO EROSION IN AREA OF SYSTEM INSTALLATION. INSTALL ON CONTOUR. CONTACT DEPT. IF ANY QUESTIONS. BURY ANY UNDERGROUND UTILITIES BETWEEN DRIVE AND RD.

Comments: 2/22/96 - Authorized to use 360' of gravity Chambered Plastic drainfield and D/B ABS.

INITIAL SITE SKETCH



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 is valid for 60 months from date of issuance.

Signed: Jon Johnson

Improvement Permit by: Andrea Lemon RS date 11-19-93

Existing System Inspection by: _____ date _____

Installed by: R L MacLeod

Certificate of Completion by: Wesley Sparks RS date 2/23/96

Operation Permit by: Wesley Sparks R.S. date 2/23/96

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