IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 21964 DATE 9/14/95 TAX MAP NO. 2G 21 A 3 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR James Dickinson / Carole Walker ~~PHONE: Business~~ Home 563-1117

ADDRESS PO Box 2428 Cornelius, NC. 28031 4645-287430

LOCATION Morgan Landing - Lynn Cove Rd.

SUBDIVISION Morgan Landing BLOCK / SECTION ____ LOT 3 LOT AREA .50 SITE CLASS PS DESIGN FLOW ~~480~~ 360 AWS L.T.A.R. .3 AWS

Septic Tank: 1000 Gallons; STB 794 Date 12/23/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ~~AWS~~ Model 900 AWS Serial No. 300 AWS

Nitrification Field: ~~No~~ AWS No Fields 1 Square Feet ~~1600~~ Linear Feet ~~394~~

No Lines ~~43~~ Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

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

System Description: GRAVITY INFILTRATOR

Repair System Description: PANEL Block

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms ~~3~~ 3 No. Bathrooms 3 No. Employees ____

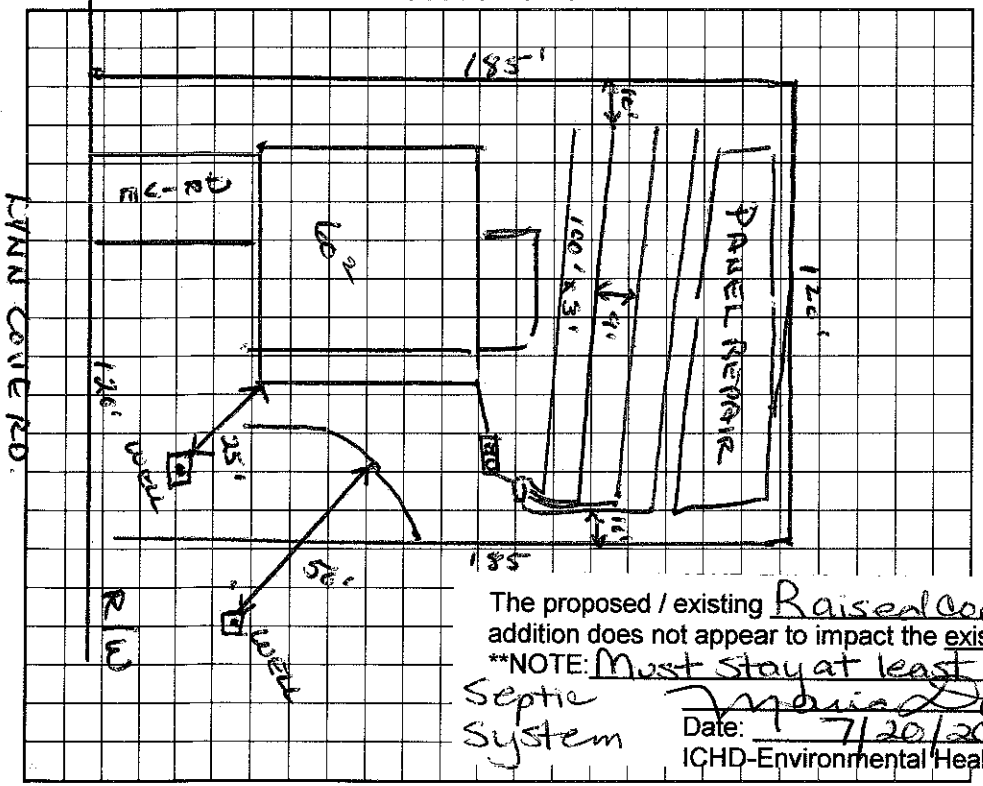
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

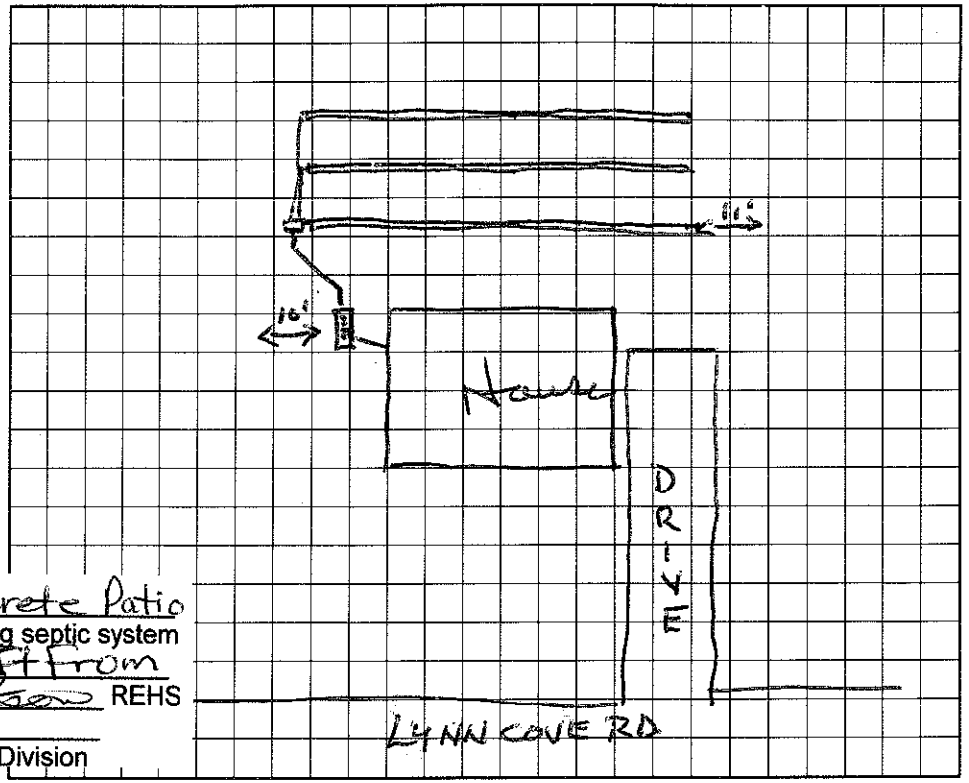
Comments: 1/6/97 - House only 3 BDRM - May install 300 feet of Chambered Plastic - AWS.

Comments: No well on site yet.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Raised Concrete Patio addition does not appear to impact the existing septic system

**NOTE: Must stay at least 5ft from Septic System

Maria Dotson REHS

Date: 7/20/2011

ICHD-Environmental Health Division

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.

Signed: X James H. [illegible] 9/14/95

Improvement Permit by: Wesley Sparks RS. date 9/14/95

Existing System Inspection by: ____ date ____

Installed by: DC Const.

Certificate of Completion by: Wesley Sparks RS. date 4/8/97

Operation Permit by: Wesley Sparks RS. date 4/8/97

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