3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075335 PIN# 4645-81-8558 DATE 8/27/98

OWNER OR CONTRACTOR JAMES DILKENSON PHONE: Business _____ Home 662-5778

ADDRESS PO BOX 2428 CORNELIUS NC 28031

LOCATION ALCOVE - TR TEMPLETON - TR LYNN COVE - 7TH LOT ON LT

SUBDIVISION MORGAN LANDING BLOCK / SECTION _____ LOT 7 LOT AREA _____ SITE CLASS. ES DESIGN FLOW 450 GPD L.T.A.R. .360/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4/16/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' 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 CHAMBERS OR EQ

Repair System Description: GRAVITY PARTIAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

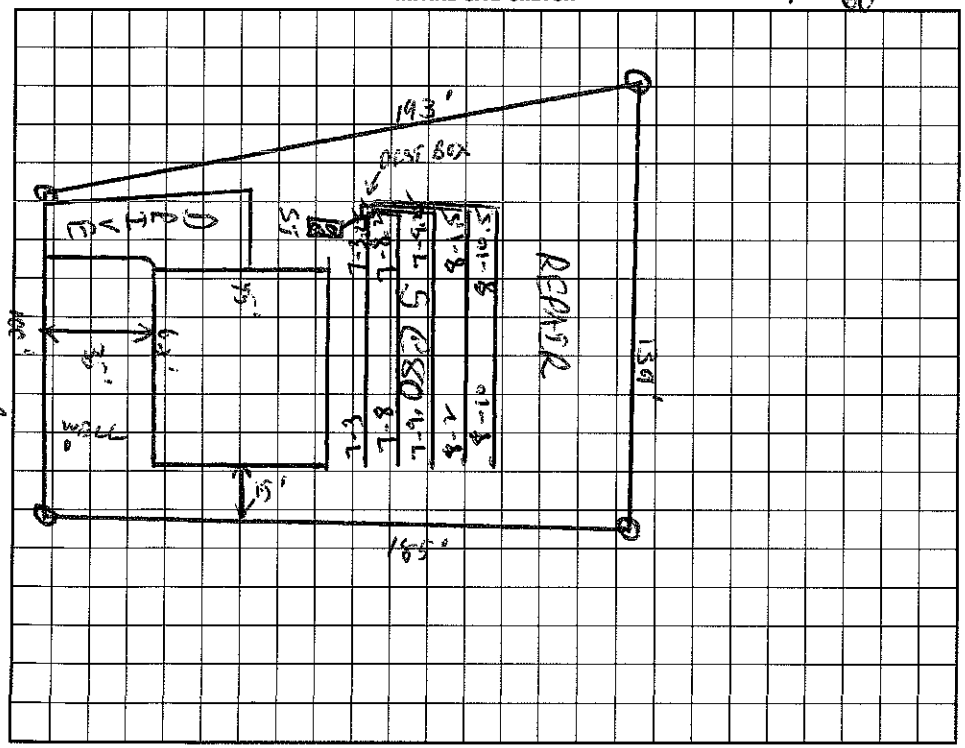
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Annotated as shown on Auth Card

INITIAL SITE SKETCH 1" = 60'



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: James M. Dilkenson date 8/27/98 Installed by: Stanley Septic Service

Improvement Permit by: C. B. Thomas RS date 8/27/98 Operation Permit by: Wesley Sparks R.S. date 10/1/99

Authorization to Construct by: C. B. Thomas RS date 8/27/98 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