IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

DATE 1/11/02

PERMIT# 10400(8485) PIN# 4646 67 7939

OWNER OR CONTRACTOR Alan Conner PHONE: Business 704-896-0402 Home

ADDRESS 20337 Nyemen Colony Rd. Cornelius, NC. 28031

LOCATION 1100 TL Dubbs Cove Rd. TR Apple Blossom TL Hickory Hill Rd. on (R) across from old pool

SUBDIVISION Dubbs Cove BLOCK / SECTION LOT #1 LOT AREA 2 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/13/02
Pump Tank: 1000 Gallons; PT 263 Date 7/8/02
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 534 Linear Feet 267
No Lines 4@67 Trench Width 2-3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I, II, III, (IV), V, VI
System Description: LPP Dosed 16" PABS
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No
~~Gravel Depth~~ SAND.

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

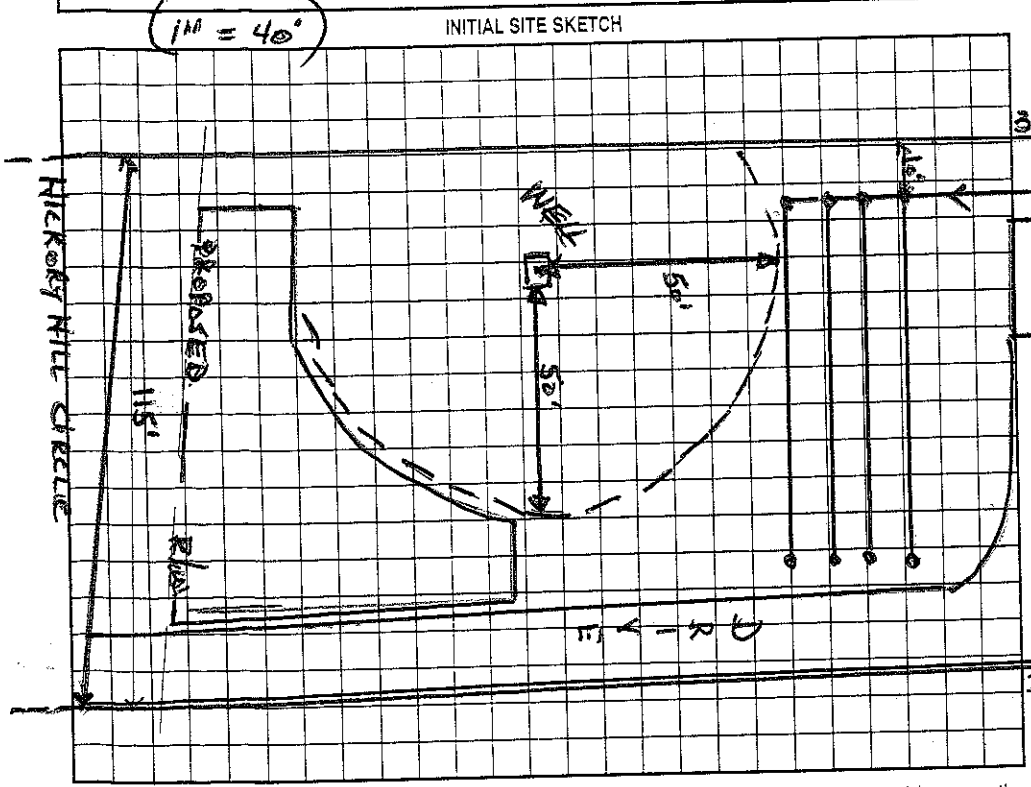
Water Supply: [ ] Individual [ ] Public [ ] Community

Comments/Conditions: This is a 50% reduced system.

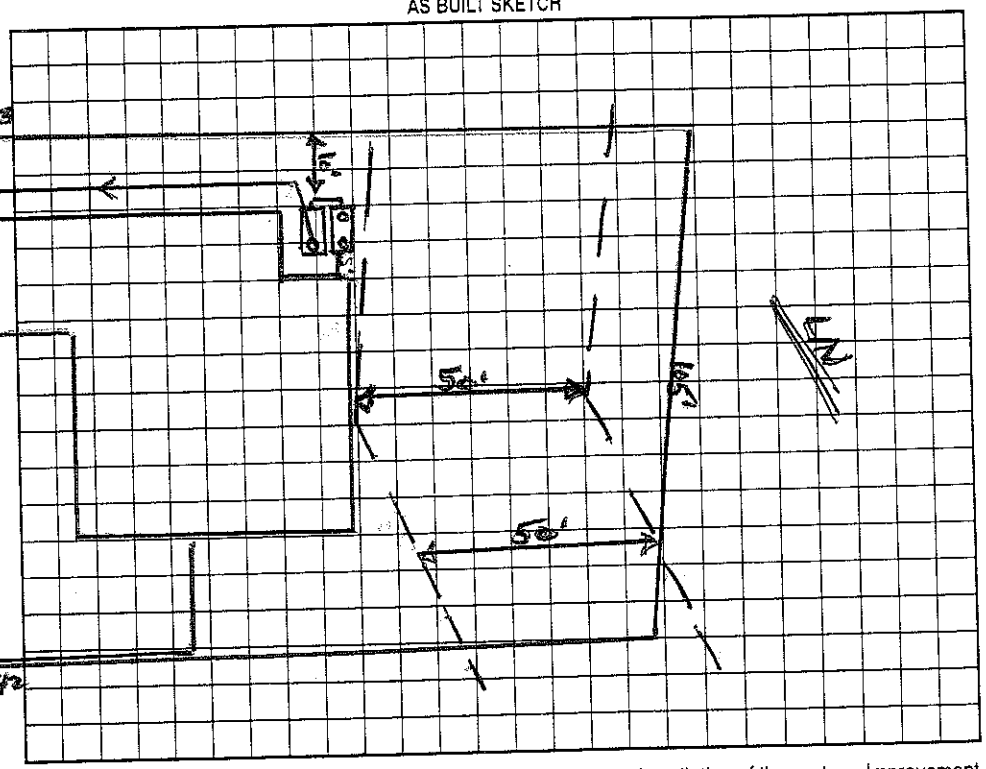
Comments/Conditions: Tanks & lines checked by GM 8/5/02 Press, alarm & electrical checked by MD 9/25/02

(1" = 40')

INITIAL SITE SKETCH



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: [signature] date 1/15/02

Improvement Permit by: Wesley Sparks RS date 1/11/02

Construct by: Wesley Sparks RS date 1/11/02

Installed by: R + H date

Operation Permit by: Maria H. Dotson RS date 9/25/02

Existing System Inspection by: date

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