Nov. 02 2004 01:42PM P3

FAX NO. :

FROM :

$1130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6/2/04

PERMIT# 120639 PIN# 4646 78 0921

OWNER OR CONTRACTOR Dibbs Family Partnership PHONE: Business _____ Home _____

ADDRESS 3212 Sharon Rd. Charlotte, NC. 28211

LOCATION Dibbs Rd, TR Oppt. Alberson, Voton Rconner at Hickory Hill intersection

SUBDIVISION Dibbs Cove BLOCK / SECTION _____ LOT 33 LOT AREA 1.14 Ac SITE CLASS 1 PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Type 3 Drainfield

Repair System Description: Same Type

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

Water Supply: [X] Individual [ ] Public

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

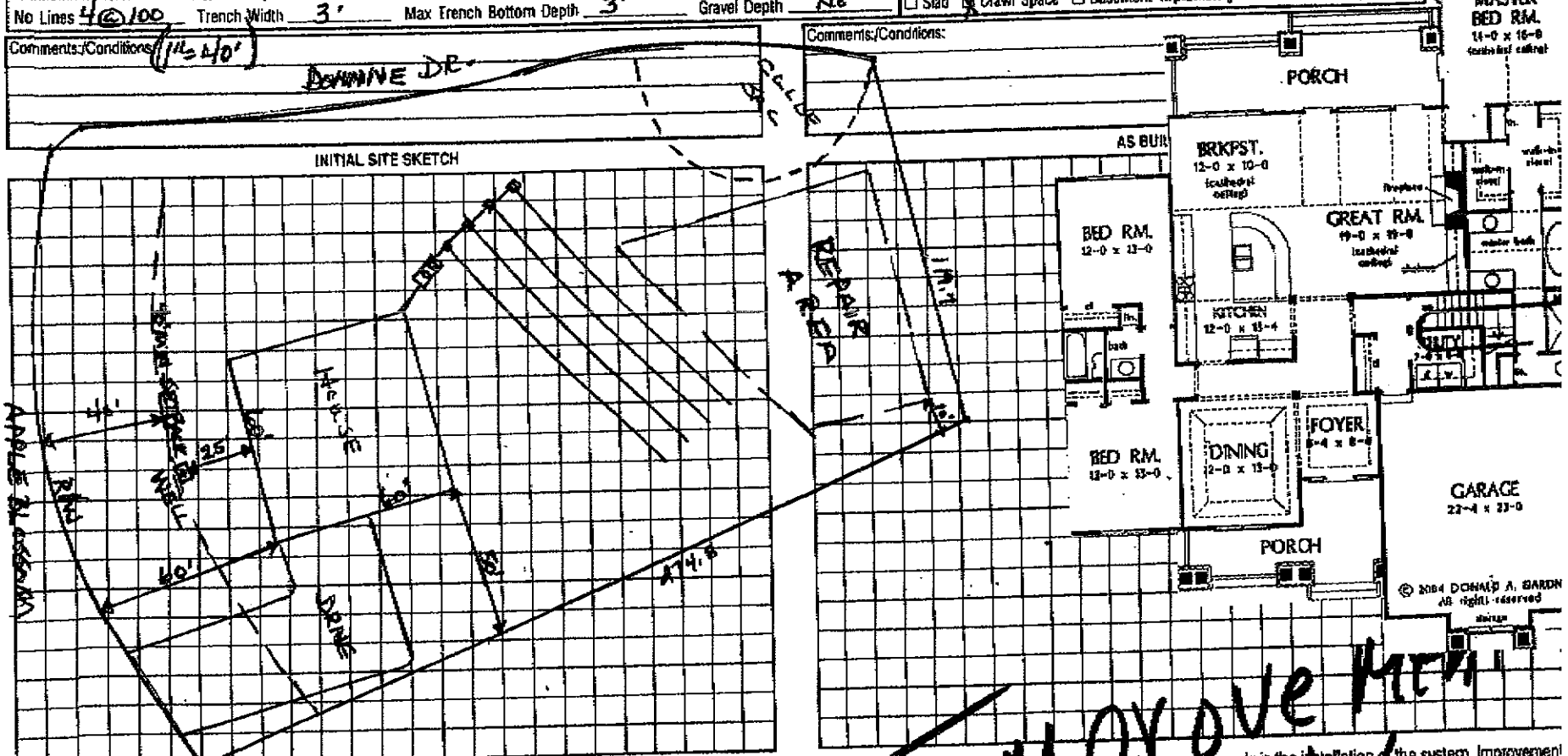
Comments/Conditions: (11% 4/0')

DOMINE DR.

Comments/Conditions:

INITIAL SITE SKETCH

AS BUILT



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 the Improvement Permit - not to exceed sixty months.

Signed: _____ date 7/7/04

Improvement Permit by: _____ date 6/2/04

Authorization to Construct by: _____ date _____

Installed by: _____ date _____

Operation Permit by: _____

Existing System Inspection by: _____

Improvement Permit ONLY

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