IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $1130 MOORESVILLE 704-664-5281

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

PERMIT# 120639 PIN# 4646 78 0921 DATE 6/2/04

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

ADDRESS 3212 Sharon Rd. Charlotte, NC. 28211

LOCATION Dibbs Rd, TR Apple Blossom, Voton (R) corner 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 312 Date 10/2/05
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

☒ 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 ☒ No

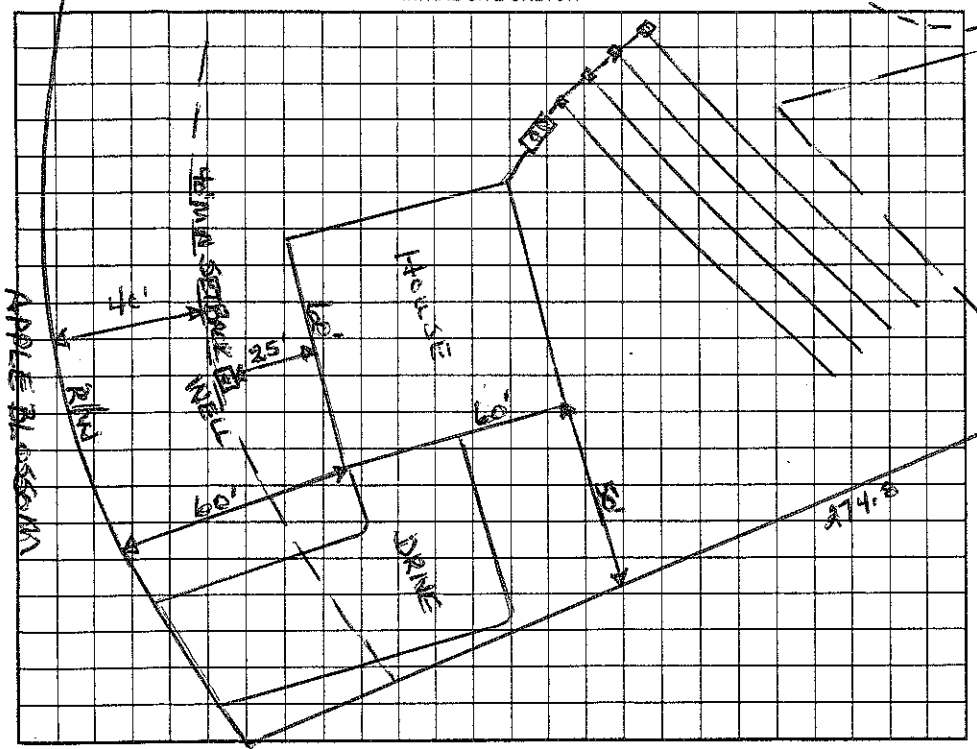
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

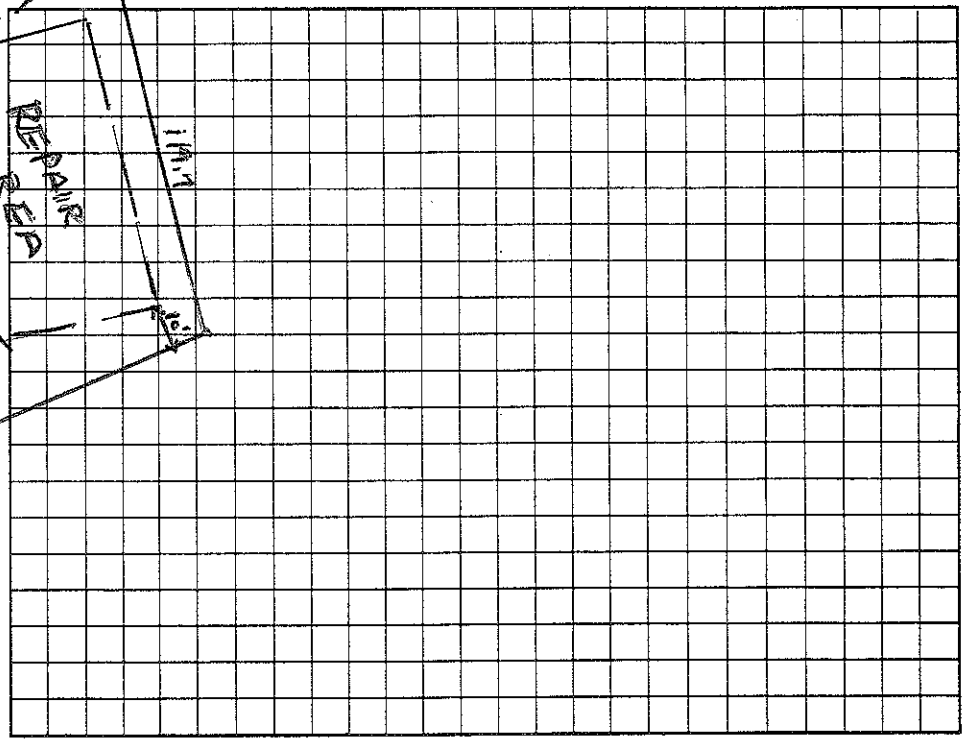
Comments:/Conditions: (1"=40')

Comments:/Conditions: 3@133'x3' trench on contour

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: _____ date 7/7/04 Installed by: Dalton

Improvement Permit by: Wesley Sparks RS. date 6/2/04 Operation Permit by: Wesley Sparks RS date 4/6/06

Authorization to Construct by: Wesley Sparks RS. date 12/2/05 Existing System Inspection by: _____ date _____

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