10.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 6323 PIN# 4646 78 3046 DATE 2/19/99

OWNER OR CONTRACTOR ~~Gene Beaver~~ GEORGE B JULIAN PHONE: Business ~~895-3990~~ 892-0497 Home

ADDRESS ~~8300 Steamboat Huntersville, NC. 28078~~ 12301 BAILEY RD. CORNELIUS, NC.

LOCATION Dibbs Cove Rd, on (R) 5th lot below Apple Blossom Dr.

SUBDIVISION Dibbs Cove BLOCK / SECTION LOT 58 LOT AREA ~1.87 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB Sw 130 Date 5/23/00

Pump Tank: 1000 Gallons; PT SJ Date 5/5/00

Pump Make: Model 920 Serial No. 300

Nitrification Fields No. Fields 1 Square Feet 700 Repair 400

No. Lines (4) 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND.

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

System Description: PresMen-Ch. Plastic

Repair System Description: 16" PPBS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms (4) 3 No. Bathrooms 3 No. Employees

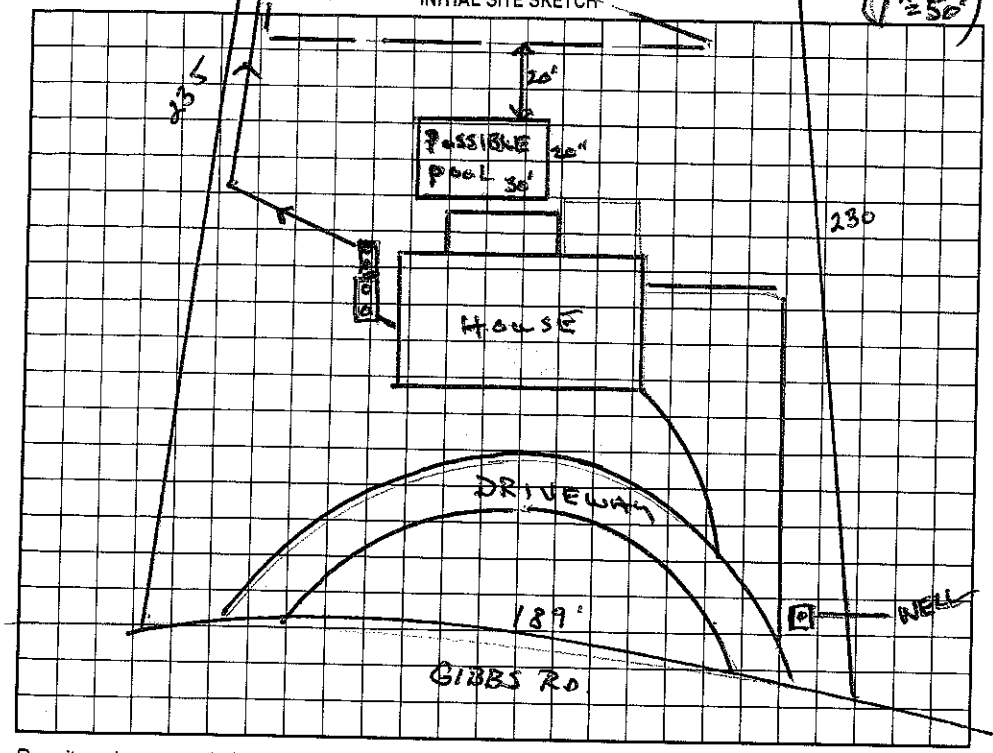
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: 2/2/00 Rvd house plan is now 3 BDRM. May install to 300 linear feet of Chambered Plastic.

INITIAL SITE SKETCH (1"=50')



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 2/22/99

Improvement Permit by: Wesley Sparks RS date 2/22/99

Authorization to Construct by: Wesley Sparks RS date 2/22/99

Installed by: REED ENOY

Operation Permit by: [signature] RST date 8/23/00

Existing System Inspection by: date

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