124532

$500

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 5819 PIN# 4646 78 7101 DATE 9/14/01

OWNER OR CONTRACTOR Karen Ray / STONEWALL CO INC PHONE: Business ______ Home 704-660-5961

ADDRESS 262 Dibbs Rd, Mooresville NC 28115

LOCATION Dibbs Rd., Brau. Sch. TL Dibbs Rd. to 7th lot on (L)

SUBDIVISION Dibbs Cove BLOCK / SECTION ______ LOT 7 LOT AREA ~.65 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 9/2/05

Pump Tank: 1000 Gallons; PT 302 Date 6/15/05

Pump Make: Zoeller Model N152 Serial No. ______

Nitrification Field: No Fields 1 Square Feet 440 Linear Feet 220 *

No Lines 3 Trench Width 2 - 3' Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 16" PPBPS - LPP Dist

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

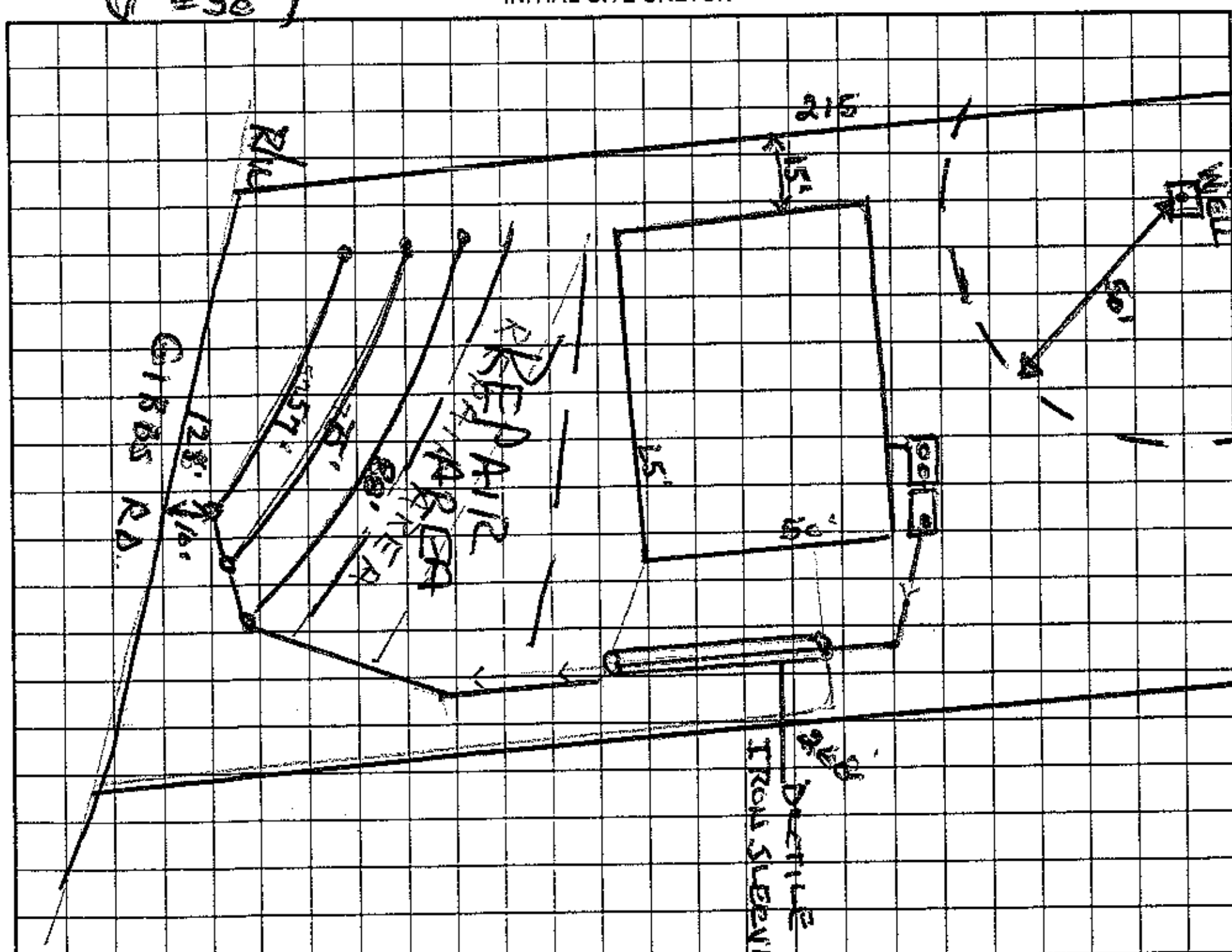
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: This is a 50% reduced System. Improvement Permit Only. Site plan required before A.C. issuance.

Comments:/Conditions: 50 Panels 3/16" holes

(1" = 50')

INITIAL SITE SKETCH



AS BUILT SKETCH

Install 3@73'

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: X Karen Ray date ______

Improvement Permit by: Wesley Sparks R.S. date 9/17/01

Authorization to Construct by: Wesley Sparks R.S. date 8/24/05

Installed by: Rowan Septic

Operation Permit by: Wesley Sparks RS date 2/15/06

Existing System Inspection by: ______ date ______

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