IREDELL COUNTY HEALTH DEPARTMENT

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

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

$500 4/20

PERMIT# 28535/5820 PIN# 4646 78 7242 DATE 9/12/01

OWNER OR CONTRACTOR Rowan B Ray / STONEWALL CO INC. PHONE: Business _____ Home 460-5961

ADDRESS 242 Dibbs Rd. Mooresville NC. 28115

LOCATION Brawley Sch Rd. TL Dibbs Rd. past sign to 6th lot on (L)

SUBDIVISION Dibbs Cove BLOCK / SECTION _____ LOT 6 LOT AREA .54Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-27-05 [X] New System [ ] Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 302 Date 6-1205 System Description: 16" PPBPS

Pump Make: ZOELLER Model N-152 Serial No. _____ Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet ~~442~~ Linear Feet 221* Maintenance Agreement Required: [X] Yes [ ] No

No Lines 4 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

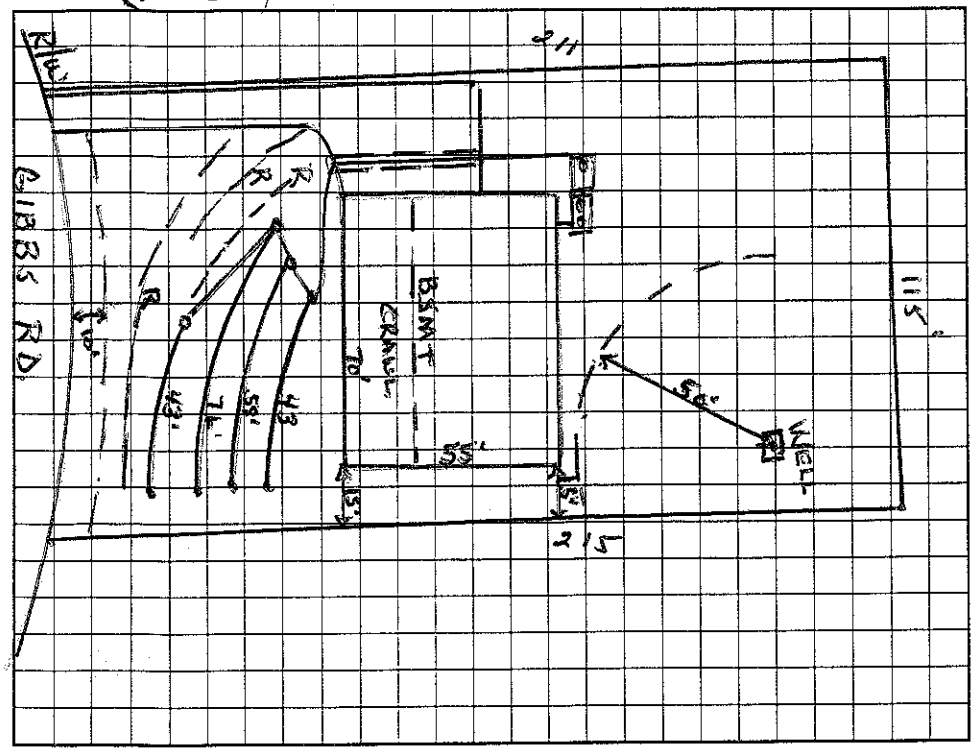
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: * This is 50% reduced system. Improvement Permit Only. Site plan must be required prior to A.C. issuance

Comments:/Conditions: Well >50' to tanks
Checked tanks & lines 8/31/05 MW

(1" = 50')

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: * Rowan Ray date _____ Installed by: Rowan Septic

Improvement Permit by: Wesley Sparks RS date 9/12/01 Operation Permit by: Wesley Sparks RS. date 10/19/05

Authorization to Construct by: Wesley Sparks RS date 8/24/05 Existing System Inspection by: _____ date _____

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