IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $50 MOORESVILLE 704-664-5281 2100

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

PERMIT# 103206 PIN# 4648069470

OWNER OR CONTRACTOR L. Shaun Ogdon DATE 6-17-20

ADDRESS P.O. Box 1281 Davidson, NC 28036 PHONE: Business 309-6810 Home

LOCATION Hwy 21 N. TL Cornelius TL Morgan Bluff TL Blackbeard on right

SUBDIVISION Pirates Cove BLOCK / SECTION LOT 9 LOT AREA 20,000 ft² SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 6-2202
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'
No Lines 4 @ 50' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Panel Blck
Repair System Description: Pressure-Panel Blk
Maintenance Agreement Required: ☐ Yes X No Not Initially

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

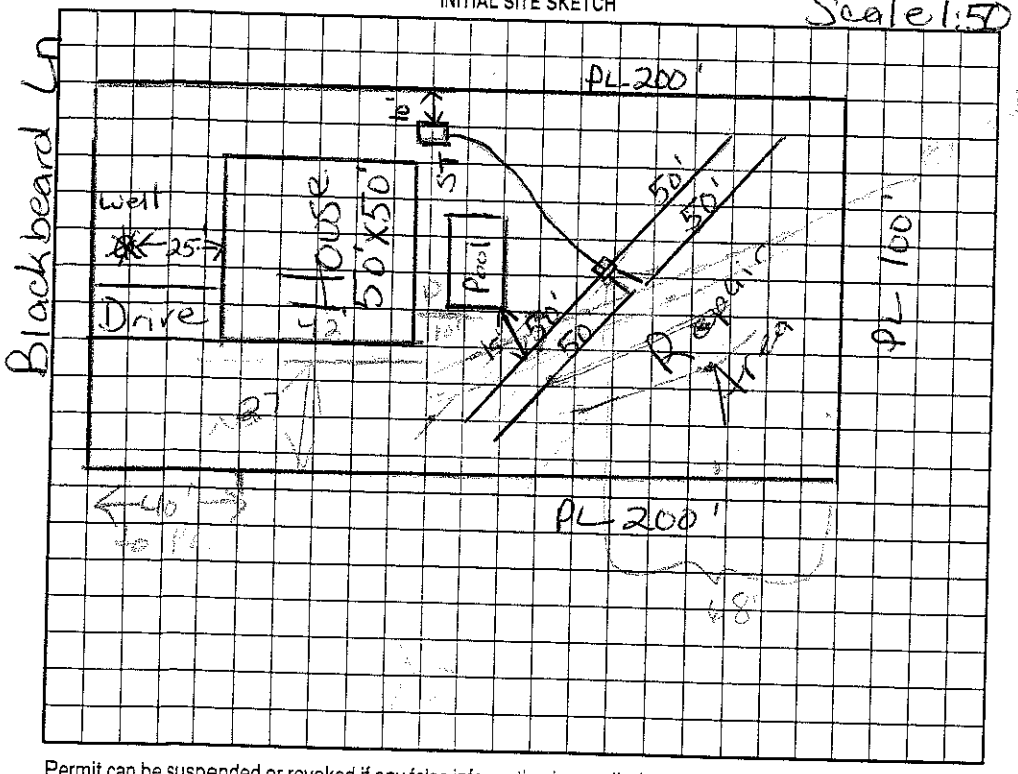
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL & 15' from Pool & at least 50' to well.

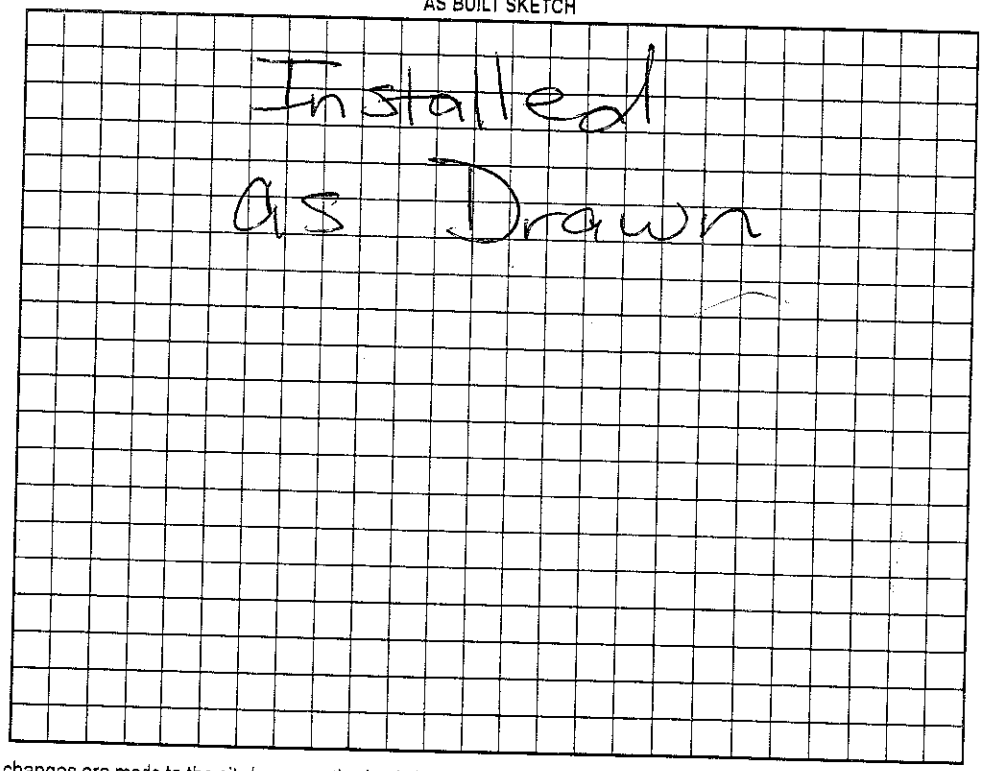
Deed ref'd

Comments/Conditions:

INITIAL SITE SKETCH Scale 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 6-18-02

Improvement Permit by: Maria H. Dolson RS date 6/18/2002

Authorization to Construct by: Maria H. Dolson RS date 6/18/2002

Installed by: Richard Abernathy

Operation Permit by: Maria H. Dolson RS date 9/20/02

Existing System Inspection by: date

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

