$50

...EDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094954 PIN# ~~4625-94-1654 (pt)~~ 4625-52-6155 DATE 6/21/02

OWNER OR CONTRACTOR Dienst Custom Homes PHONE: Business _____ Home _____

ADDRESS 19315 W. Catawba Ave. Cornelius NC 28031

LOCATION Brawley Sch, TR Attleboro, TL Rehoboth on Lt #149

SUBDIVISION Point BLOCK / SECTION 7 LOT 732 LOT AREA 40,883 ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: ~~1000~~/500 Gallons; STB 338 Date 1/4/03

Pump Tank: 1000 Gallons; PT 29 Date 1/3/03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 4@80' Trench Width 24" 8'oc or Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

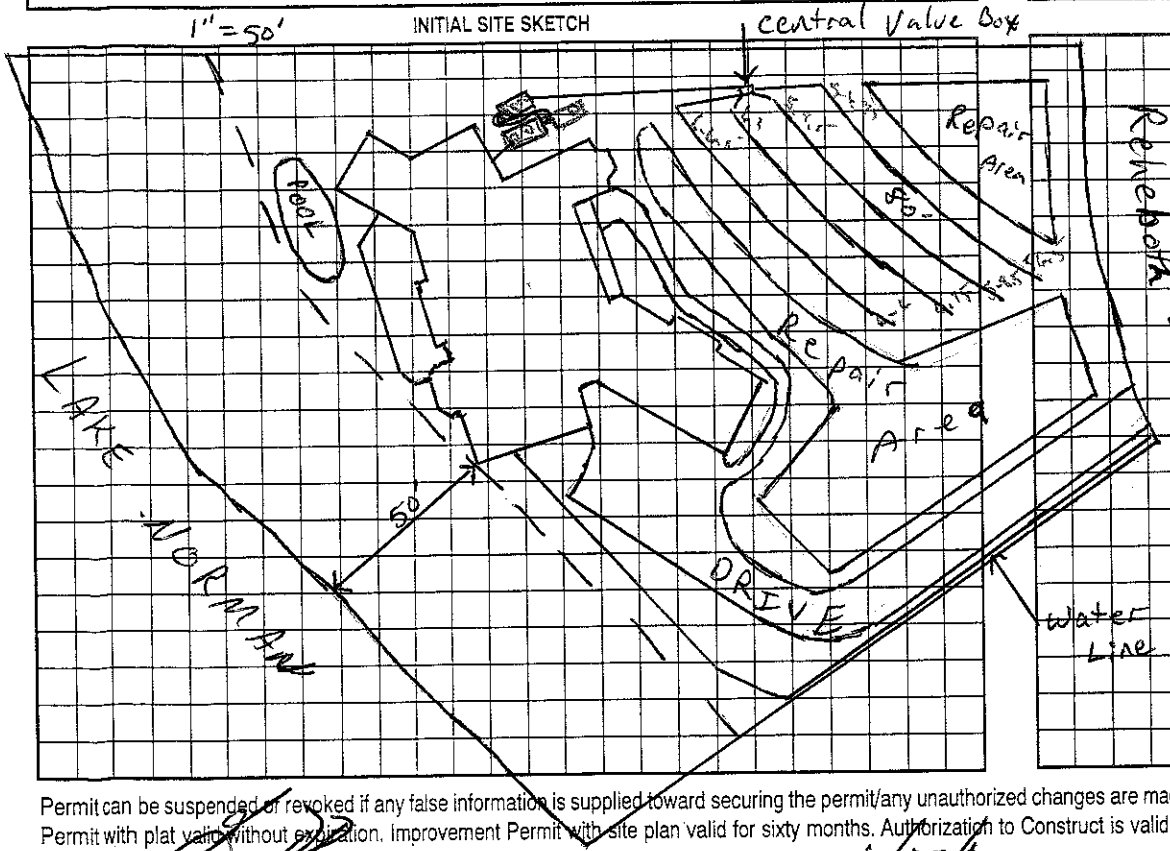
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

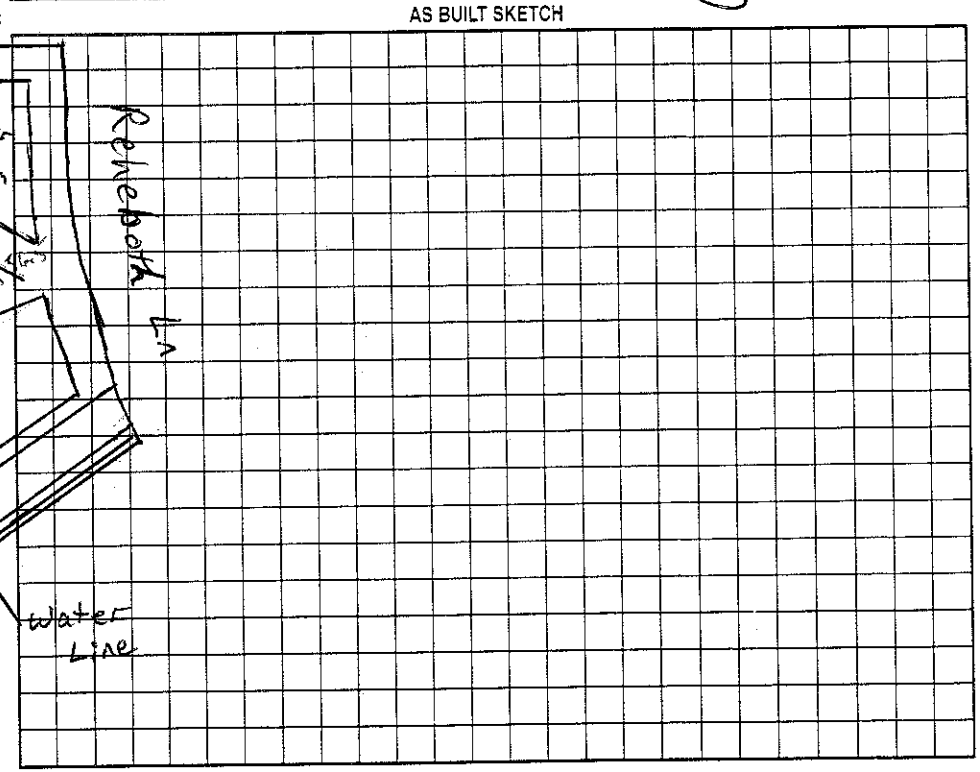
Comments:/Conditions: 36" 9'oc

Comments:/Conditions: 3/4/03 Press, electrical & alarm by MD
Tanks & lines checked by WS.

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: _____ date 6/27/02 Installed by: R+H

Improvement Permit by: _____ RS date 6/21/02 Operation Permit by: _____ RS date 3/4/03

Authorization to Construct by: _____ RS date 6/21/02 Existing System Inspection by: _____ date _____

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