IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 3.00

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

PERMIT# C 94960 PIN# 4625-94-1684 4625624669 DATE 12/23/04

OWNER OR CONTRACTOR Dienst Custom Homes PHONE: Business Home

ADDRESS 9606A Caldwell Commons Circle

LOCATION BSR, TR Athlebro, TL Rebo Loth, 1st on LT.

SUBDIVISION Point BLOCK / SECTION 7 LOT 738 LOT AREA 46,475 ft² SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 338 Date 5-23-05

Pump Tank: 1000 Gallons: PT 27 Date 12-7-04

Pump Make: Goulds Model WE03121811 Pump No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Press. Mass 25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

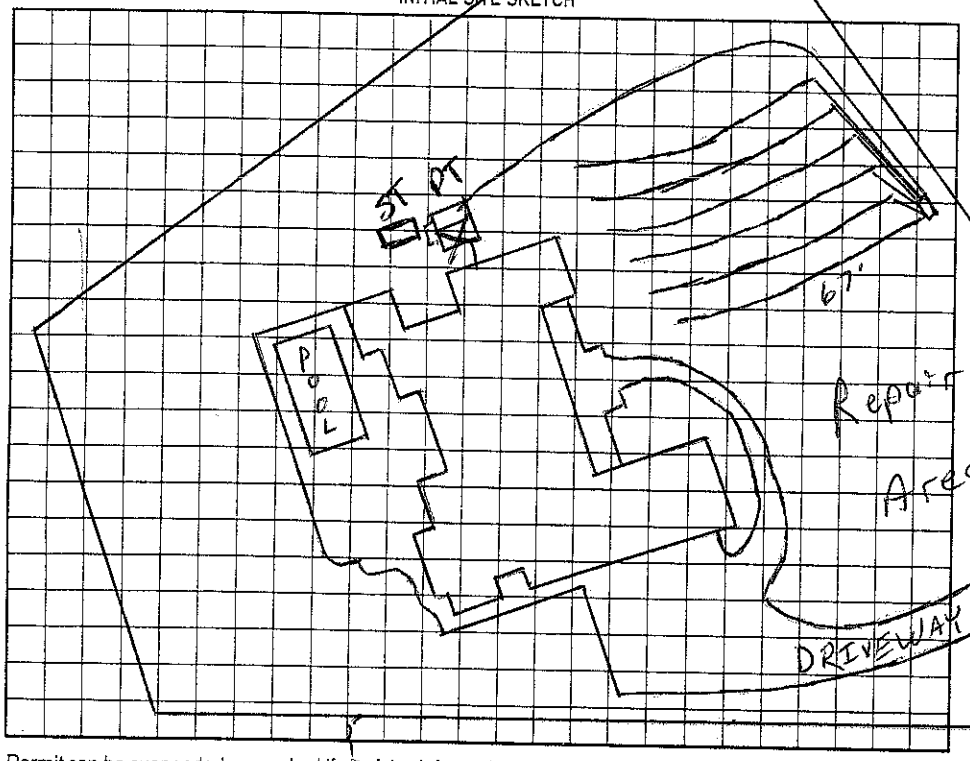
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

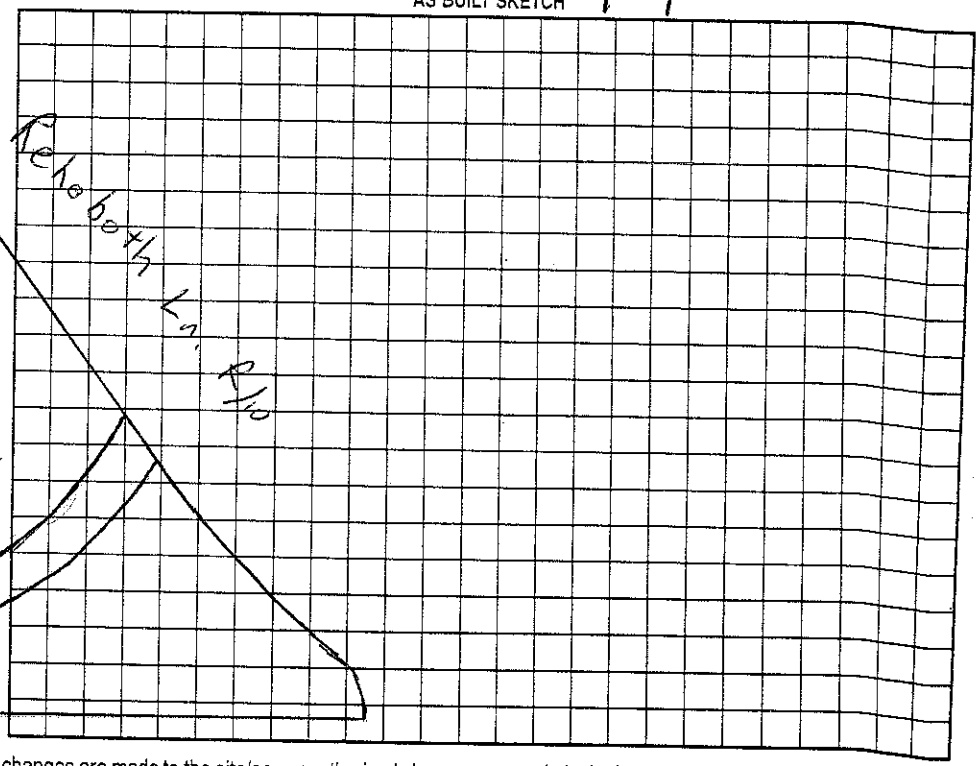
Comments:/Conditions:

Comments:/Conditions: Checked lines 5/18/05 Installed EZ Flow as Drawn Checked tanks 7/6/05 Pres, eseat & alarm 8/23/05 MD

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 12/28/04 Installed by: R&H

Improvement Permit by: RS date 12/23/04 Operation Permit by: _____ date 8/23/05

Authorization to Construct by: RS date 12/23/04 Existing System Inspection by: _____ date _____

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