IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 550. Paid MOORESVILLE 704-664-5281

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

PERMIT# 133853 PIN# 4625686243 Rdh DATE 2-15-06

OWNER OR CONTRACTOR Dienst Custom Homes PHONE: Business 892-8426 Home 361-2827

ADDRESS 9606A Caldwell Commons Circle Cornelius NC 28031

LOCATION Brawley School Rd TC Marstons Mill TC White Horse TC Nathaniel

SUBDIVISION The Point BLOCK / SECTION 4 LOT 418 LOT AREA 1.522 Acre SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 330 Date ~~9-6-06~~

Pump Tank: 1500 Gallons; PT 477 Date 9-6-06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'

No Lines 4@125' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-PM-25% Reduction

Repair System Description: Same (offsite)

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms ~~4~~ 5 No. Bathrooms ____ No. Employees ____

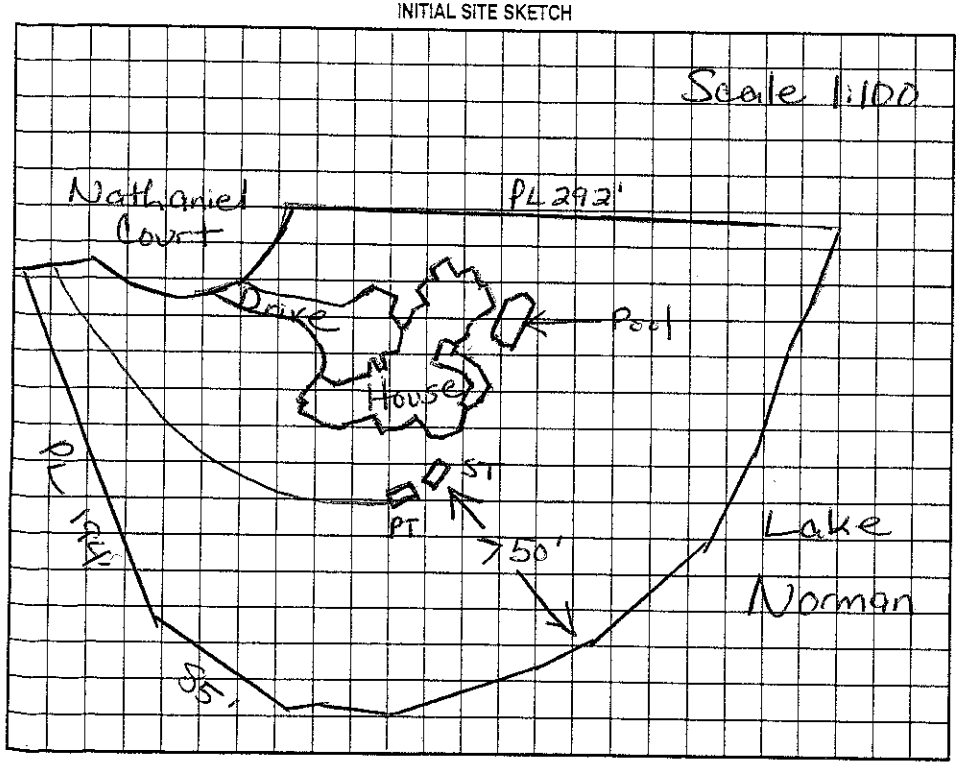
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

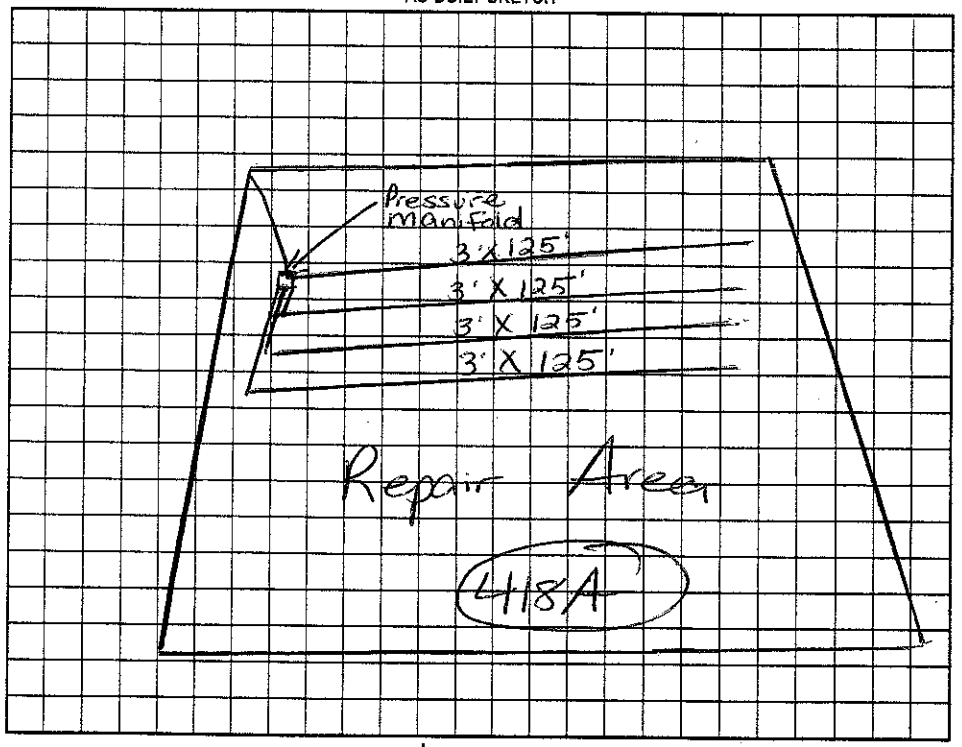
Comments:/Conditions: Remove all terraces and berms.

Comments:/Conditions: Checked EZ Flow lines 6/8/03

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 2/15/06 Installed by: R&H

Improvement Permit by: Maria H. Dotson RS date 2/15/06 Operation Permit by: Maria H. Dotson RS date 11/9/06

Authorization to Construct by: Maria H. Dotson RS date 2/15/06 Existing System Inspection by: _____ date _____

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