IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114060 PIN# 4625 71 7476 22 4625702536 Britt DATE 9-13-04

OWNER OR CONTRACTOR Dienst Custom Homes / Dr. Chaney PHONE: Business 892-8421 Home 361-4057

ADDRESS 9606-A Caldwell ~~Customs~~ Comm Circle

LOCATION Brawley School Rd. TL New Haven TL North Longfellow on Rt 110 N. Longfellow Ln.

SUBDIVISION Point BLOCK / SECTION 12 LOT 1222 LOT AREA 47,477 ft² SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. = 3

Septic Tank: 1500 Gallons; STB 338 Date 5-23-05

Pump Tank: 1500 Gallons; PT 477 Date 12-7-04

Pump Make: Myers Model ME50 Serial No.

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

No Lines 5@100' 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 - 25% Reduction

Repair System Description: Pump - 25% - 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 5 No. Bathrooms 5 No. Employees

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

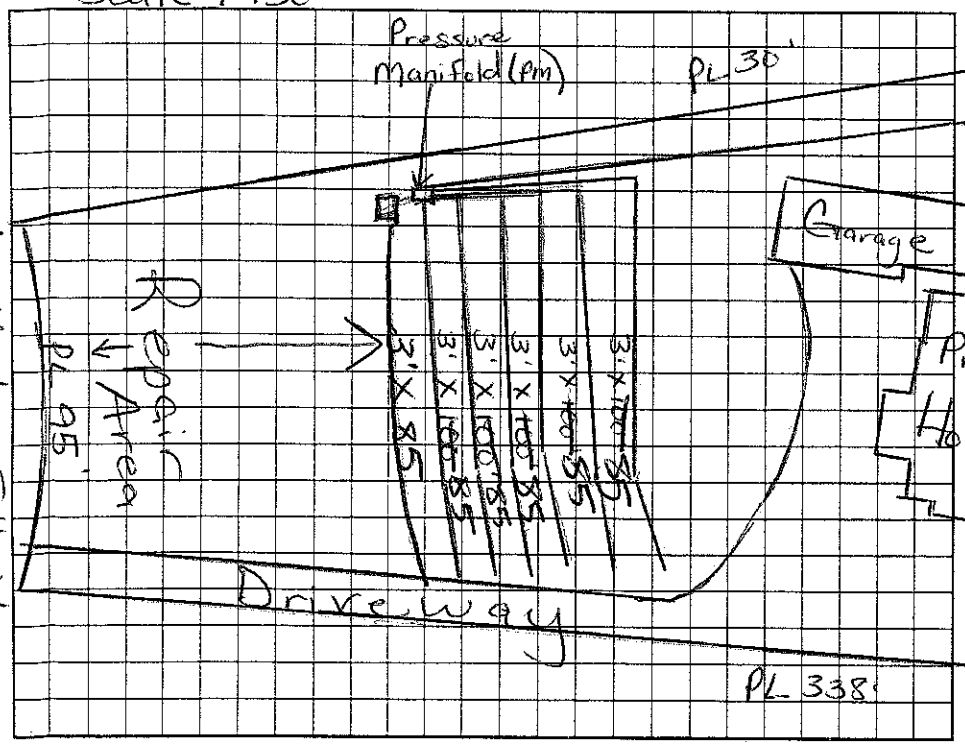
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Note: Okay to install 6 lines @ 84 Ft each, however repair may then be Paned Block.

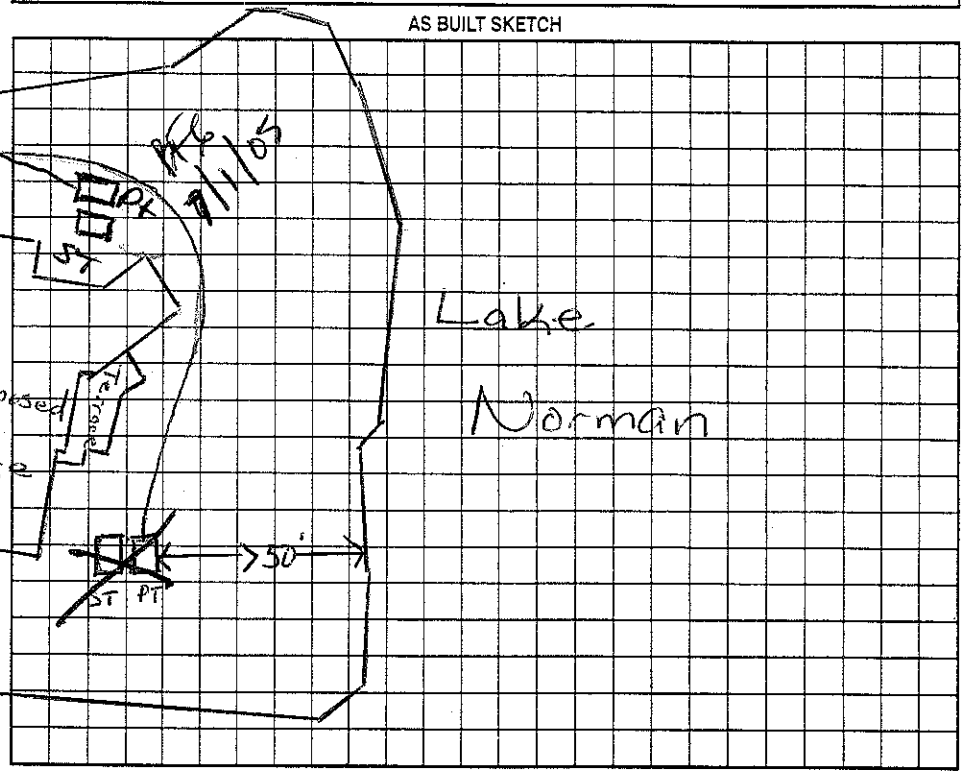
Comments/Conditions: Installed EZ Flow for Drainfield 4/15/05 Pressure, elect & alarm 7/15/05

Scale 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 _____ Installed by: R&H RS

Improvement Permit by: Maria H Dotson RS date 9/13/04 Operation Permit by: Maria H Dotson date 7/15/05

Authorization to Construct by: Maria H Dotson RS date 9/13/04 Existing System Inspection by: _____ date _____

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