116585

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082466 PIN# ~~4625-94-1654-PT~~ 4625-78-9986 DATE 10/14/03

OWNER OR CONTRACTOR Dieast Custom Homes PHONE: Business 704-892-8926 Home

ADDRESS 96064 Caldwell Commons Cir Cornelius NC 28031

LOCATION BSR, TL Marstons Mill on LT 145 Marstons Mill

SUBDIVISION Point BLOCK / SECTION 4 LOT 483 LOT AREA 41,194 ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 338 Date 3-19-04
Pump Tank: 1000 Gallons; PT 27 Date 3-28-04
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280
No Lines 4 Trench Width 24" or 36" Max Trench Bottom Depth 36" Gravel Depth ____

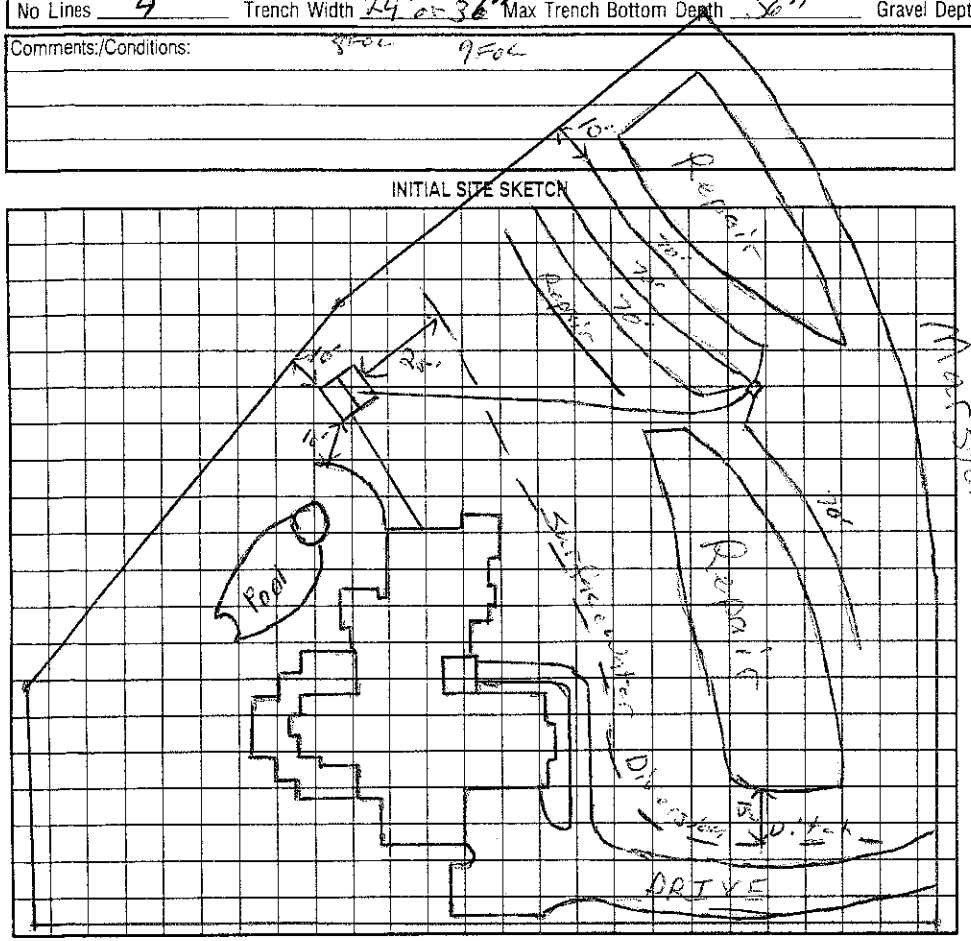
☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 6
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☒ Community

Comments:/Conditions: 3 for 4 for

INITIAL SITE SKETCH



Comments:/Conditions: Checked 3 of 4 lines 5/13/04
3/16" hole drilled Checked 4th line 5/14/04
Checked tanks 5/13/04
Checked elect, pressure & alarm

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 10/15/03 Installed by: K & H

Improvement Permit by: ____ RS date 10/14/03 Operation Permit by: ____ RS date 6/17/04

Authorization to Construct by: ____ RS date 10/14/03 Existing System Inspection by: ____ date ____

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