IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118954 PIN# 4625837495 4625-92-7209 DATE 9-20-05

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

ADDRESS 9606A Caldwell Commons Circle Cornelius, NC 28031

LOCATION Brawley School Rd TL Yacht TL Milford Circle on left

SUBDIVISION The Point BLOCK / SECTION 13 LOT 13.34 LOT AREA 33,544 ft² SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 9-26-05 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 447 Date 9-10-05 System Description: Pump-LP-Panel Block

Pump Make: Myers Model ME50 Serial No. Repair System Description: Same

Nitrification Field: No Fields 1 Square Feet 680/1020 Linear Feet 340' Maintenance Agreement Required: ☒ Yes ☐ No

No Lines 4 Trench Width 24" - 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

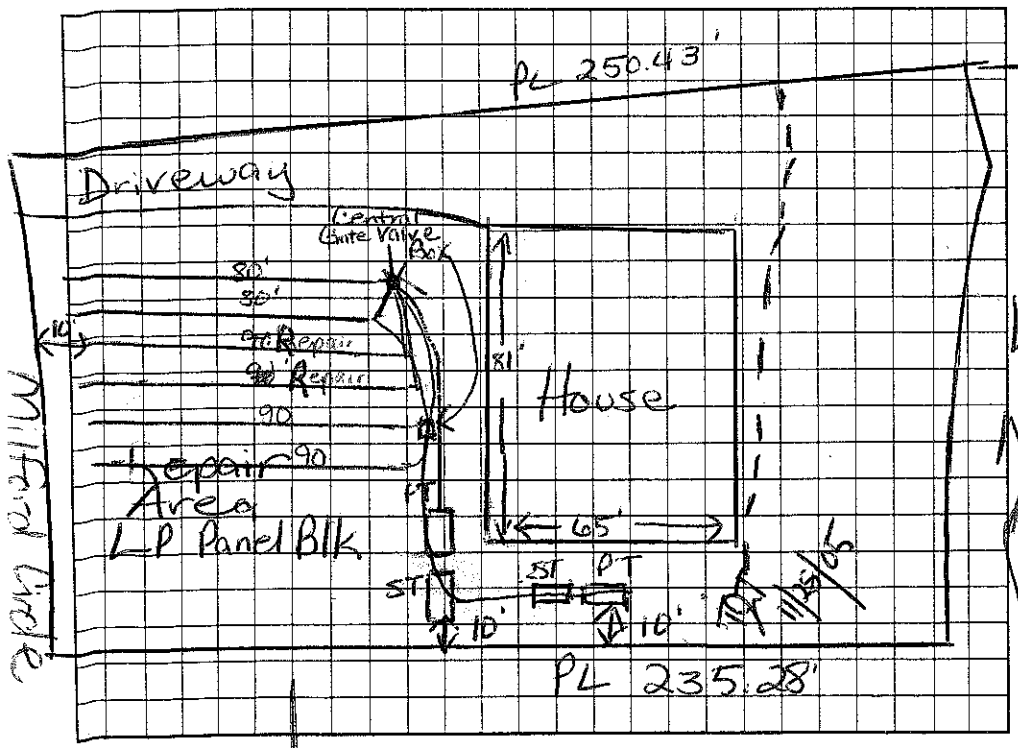
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

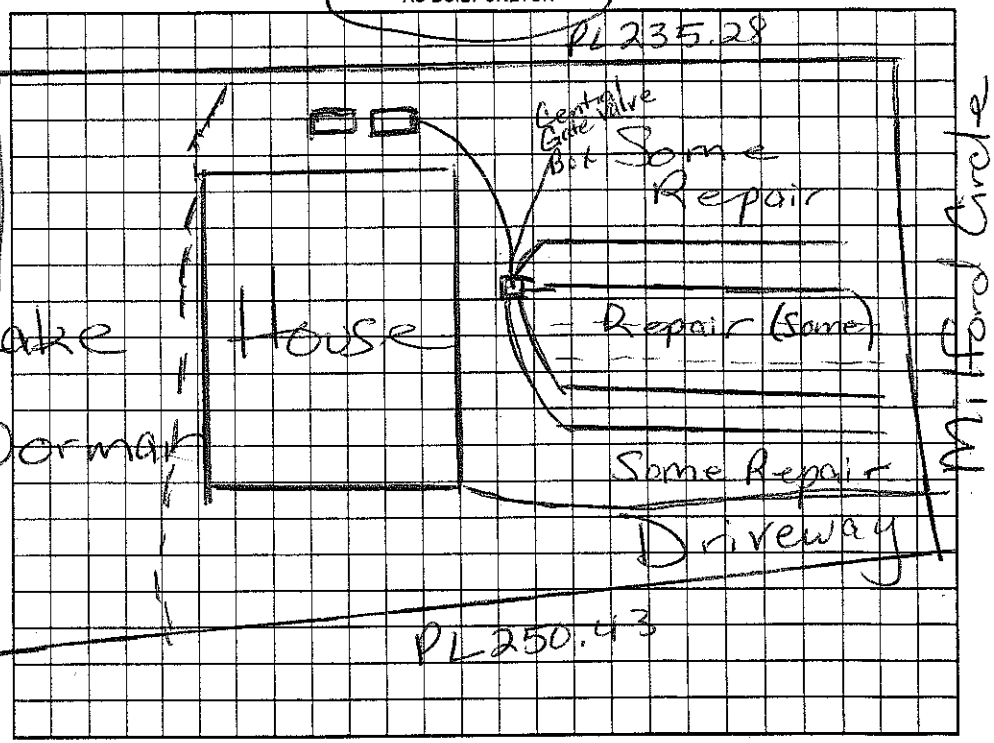
Comments:/Conditions: ☒ Note: Must keep Drainfield 25ft from basement wall. Keep Septic System 10' from PL & 50' from lake.

Comments:/Conditions: Builder using "Grinder pump" for basement plumbing. Checked lines 10/21/05 & tanks 10/28/05

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: _____

Improvement Permit by: Maria H. Dotson RS date 9/20/05

Authorization to Construct by: Maria H. Dotson RS date 9/21/05

Installed by: R&H

Operation Permit by: Maria H. Dotson RS date 11/28/05

Existing System Inspection by: _____ date _____

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