IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13807 PIN# 4636-01-8917.000 DATE Feb 16, 2007

OWNER OR APPLICANT Chesapeake Pointe LLC PHONE: Business _____ Home _____

ADDRESS 7380 McGinnis Ferry Road Suwanee Ga. 30024

LOCATION Hwy 21 to Brawley School Rd. TL Idle of Pines TR Cove Creek on left

SUBDIVISION Chesapeake Pointe BLOCK / SECTION 3 LOT 66/66A LOT AREA .7Ac + .5Ac SFE SITE CLASS PS SFE DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 794 Date 9/2/14

Pump Tank: 1680 Gallons: PT 283 Date 9/5/14

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 3 CF Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 1bm 25% Reduction

Repair System Description: 1pm/LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☒ Public ☒ Community

Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Shave off any burms in septic system AREA.

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

TANKS + LINES OK 10/29/14

1/2" SCH 40 PVC TARS

CHECKED PM BN

APPROVED NOV 03 2014

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: Warren D. Wadsworth date 7-27-07 Installed by: ABERNATHY

Improvement Permit by: _____ date 2-16-07 Operation Permit by: _____ date 11-5-14

Authorization to Construct by: _____ date APR 28 2014 Existing System Inspection by: _____ date _____

APPROVED

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