IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~1880~~9 204064 PIN# 4636 12 ~~0237.064~~ 0060 DATE Feb 16, 2007

OWNER OR APPLICANT Chesapeake Pointe LLC / Peach Tree Residential PHONE: Business _____ Home _____

ADDRESS 7380 McGinnis Ferry Rd., Suwanee, Ga. 30024

LOCATION Crawley Sch Rd. TL club of Pines TR Cove Creek on left 226 Cove Creek Loop

SUBDIVISION Chesapeake Pointe BLOCK / SECTION 3 LOT 64/64A LOT AREA .7ac+.4ac SFE SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .83 SFE

Septic Tank: 1000 Gallons; STB 294 Date 9/30/14

Pump Tank: 1000 Gallons; PT 283 Date ~~9/5/14~~ 10/8/14

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

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

System Description: PM 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Shave off any old burns in septic system area.

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

152-2 Celebrity Pump

LINES OK

TANKS OK

NEED TO CHECK TEE 10/29/14

CHECKED SUPPLY LINE & PM BA

1/2" SCH 40 TAPS

APPROVED NOV 03 2014

checked pressure head, alarm, pump 12/11/14 RF

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: Karen Pendleton date 7-27-07 Installed by: ABERNATHY

Improvement Permit by: _____ date 2-16-07 Operation Permit by: Richard Farris date 12/12/14

Authorization to Construct by: _____ date 6-11-14 Existing System Inspection by: _____ date _____

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