IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132304 PIN# ~~4636 44 5294~~ 4636146279 DATE Nov. 16, 05

OWNER OR APPLICANT Chesapeake Pt. / Orleans PHONE: Business _____ Home _____

ADDRESS 7380 McGinnis Ferry Rd. Suwanee, Ga. 30024

LOCATION Brawley Sch Rd TL Isle of Pines TR Cove Creek Rd. on left

SUBDIVISION Chesapeake Pt. BLOCK / SECTION 1 LOT 96 LOT AREA 1.39ac SITE CLASS. RS DESIGN FLOW 440gpd L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 312 Date 10-2-07

Pump Tank: 1000 Gallons: PT 27 Date 12-2-07

Pump Make: Goulds Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 620 Linear Feet 310

No Lines 5 Trench Width 24"in 86" Max Trench Bottom Depth 36" Gravel Depth 11/4 ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: LPABPS

Repair System Description: LPABPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

1/2 HP

Comments:/Conditions: This site requires some smoothing and filling into in part of drainfield area. SEE Plan for details Initial site evaluation and system design performed by Kat Wiley and Kathleen Hahn of S+ME.

INITIAL SITE SKETCH

SEE Plan from S+ME

Comments:/Conditions: 3/16 hole Check valves installed 2/21/08 Checked tanks, lines & pressure

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: Rick Gilford date 11-2-05 Installed by: Willie Christenbury

Improvement Permit by: [signature] date 11-16-05 Operation Permit by: [signature] RS date 4/21/08

Authorization to Construct by: John E Ayl date 4-17-07 Existing System Inspection by: _____ date _____

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