IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121280 PIN# ~~4636-32-8692.000~~ 4636-31-3523 DATE Sept. 27 04

OWNER OR CONTRACTOR Dienst Enterprises (Pine Isle, LLC) PHONE: Business _____ Home _____

ADDRESS 125 Easter Dr, Mooresville, N.C. 28117

LOCATION Brawley School Rd. TL Isle of Pines TL Isle Run DR. 1st lot on Right

SUBDIVISION The Isle at Pine Lake Pt. BLOCK / SECTION _____ LOT 1 LOT AREA .69 AC SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 1 Gallons; STB 794 Date 6-22-04

Pump Tank: _____ Gallons; PT _____ Date _____

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" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: ORAD, 25% Reduction

Repair System Description: LPP PPPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

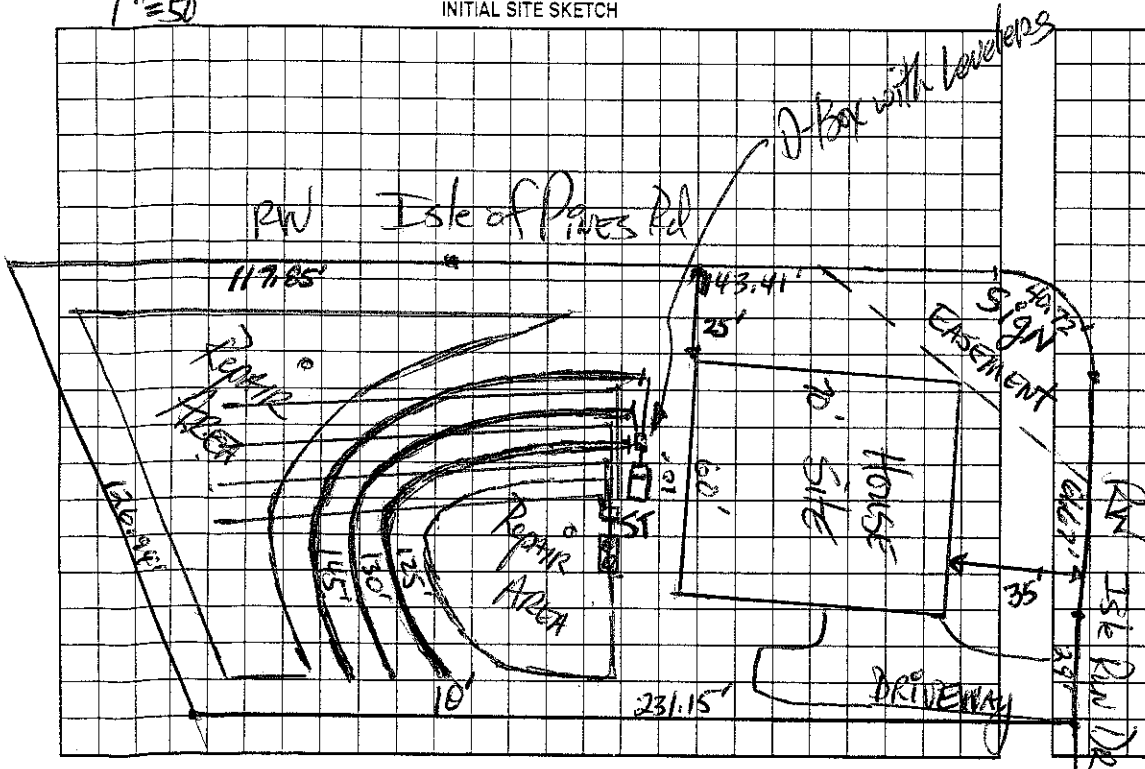
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

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1"=50'

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: R.B. Daniel date 10/28/04

Improvement Permit by: _____ date 9-27-04

Authorization to Construct by: _____ date 1/20/05

Installed by: William Chamberlain

Operation Permit by: Wesley Sparkes date 7/28/05

Existing System Inspection by: _____ date _____

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