IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 122296 PIN# ~~4636-32-8692.000~~ 4636314882 DATE Oct 21, 04

OWNER OR CONTRACTOR Dieust Enterprises (PWC Isle LLC) PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville, NC 28117

LOCATION Brawley School Rd. TL Isle of Pines TL Isle Run Dr. 2nd lot on left

SUBDIVISION The Coves at Duck Pt. BLOCK / SECTION _____ LOT 48 LOT AREA .69ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 312 Date 3-3-01

Pump Tank: 1000 Gallons; PT 283 Date 4-1-07

Pump Make: Myers Model ME50511 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 4 Trench Width 24" min 18" oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

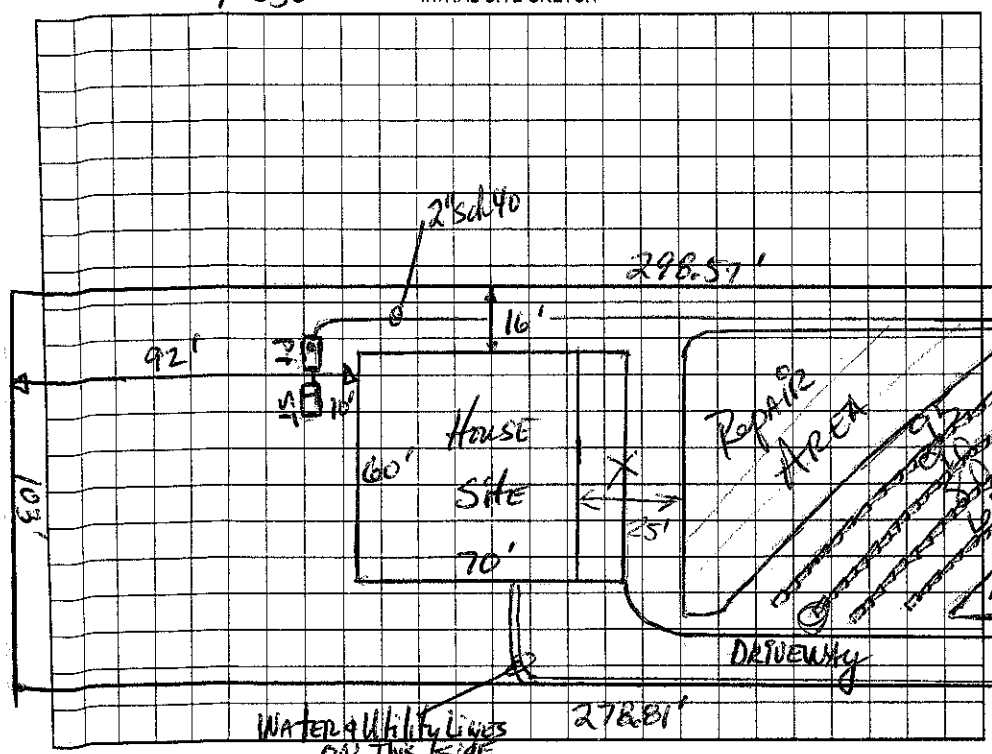
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OR 36" max 9'oc

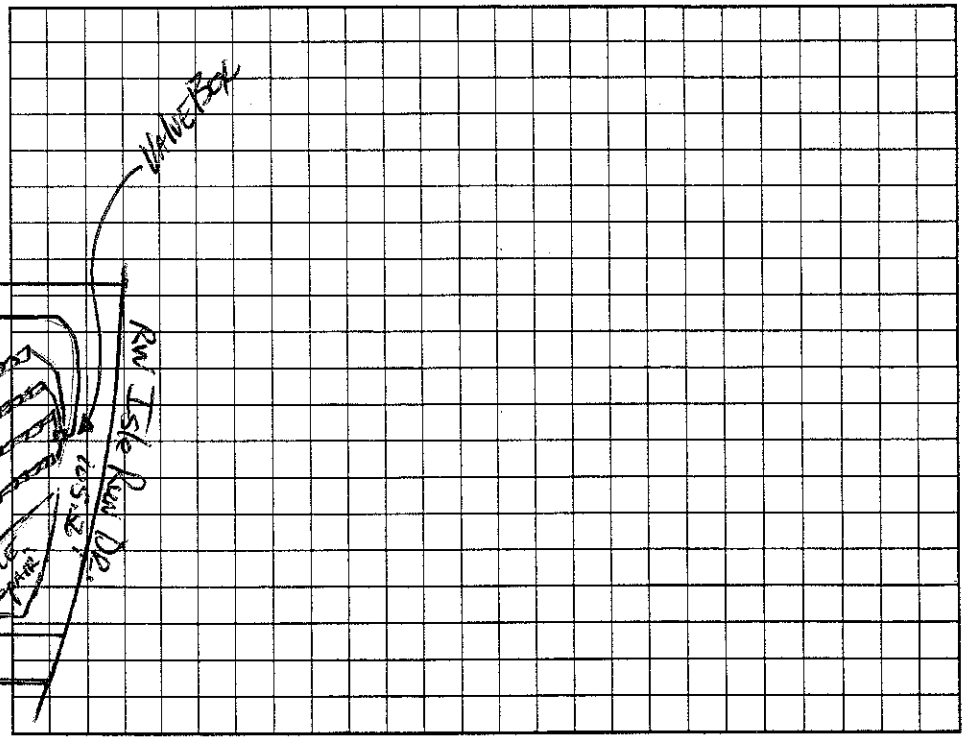
Comments:/Conditions: move house back 12' from road

5/9/07 Checked lines, tanks & pressure

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: _____ date 10-28-04 Installed by: Willie Christenbury

Improvement Permit by: _____ date 10-21-04 Operation Permit by: _____ date 6/14/07

Authorization to Construct by: _____ date 9-14-06 Existing System Inspection by: _____ date _____

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

