IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121283 PIN# ~~4636-32-8692.003~~ 4636-31-5437 DATE Sept 28, 04

OWNER OR CONTRACTOR Diewst Enterprises (Pine 156, LLC) ORLEANS PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TL Isle of Pines Rd TL Isle Run Dr. 3rd lot on Right

SUBDIVISION The Cove at Champion Pt. BLOCK / SECTION _____ LOT 3 LOT AREA .89ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 1-12-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: * Gravity conventional

Repair System Description: Gravity/pumped 25% Red.

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

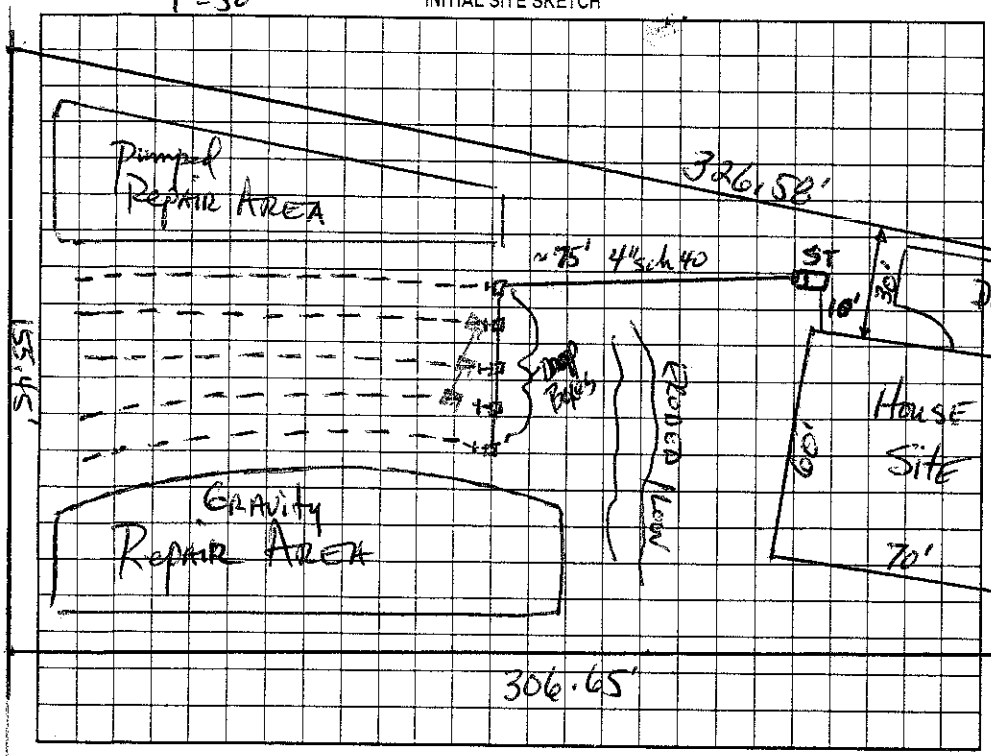
Comments:/Conditions:

* Plumbing must exit at tank location within 6" of existing grade. Do not cut/lower house site.

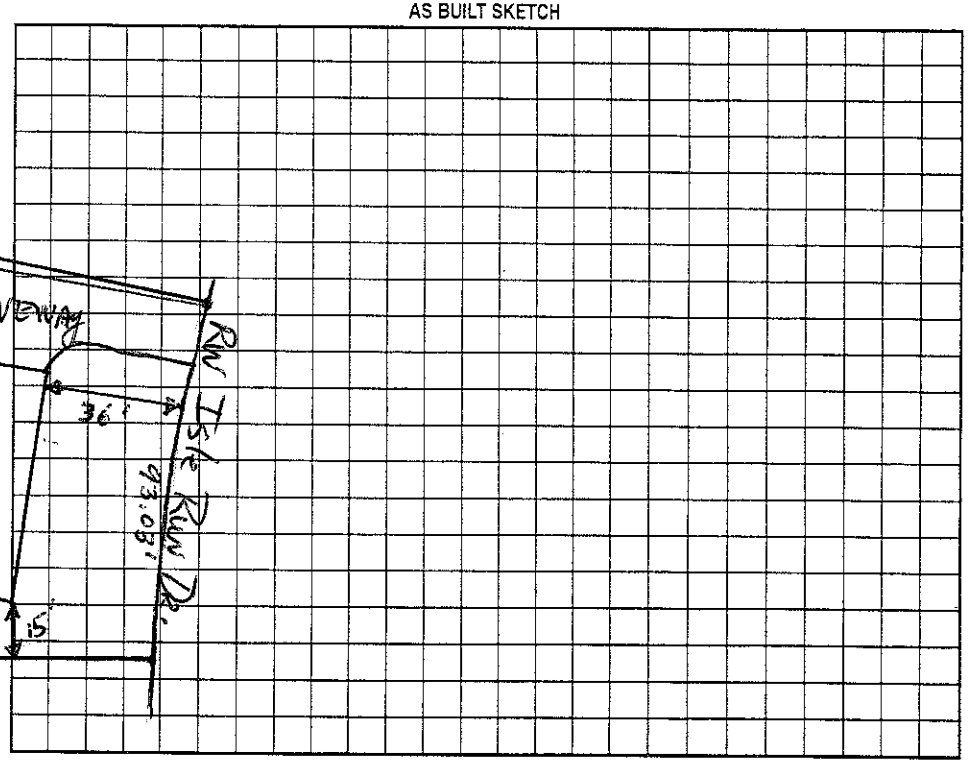
Comments:/Conditions: ~~Installer~~ will be using 25% reduct. EZ Flow installed in 4 lines @ 100'.

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. Pigeon date 10/28/09

Improvement Permit by: DR Minor RS date 9-28-04

Authorization to Construct by: Wesley Sparks RS. date 3/1/07

Installed by: Willie Christenbury

Operation Permit by: Maria H. Dixon RS date 8/29/07

Existing System Inspection by: _____ date _____

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