IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1212804 PIN# ~~4636-32-8642.000~~ 4636-31-6459 DATE Sept 28, 04

OWNER OR CONTRACTOR Diehst Enterprises (Pine Isle, LLC) Robert Ervin PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville NC 28117

LOCATION Brawley School Rd TR Isle of Pines TR Isle Run Dr. 4th lot on Right

SUBDIVISION The Coves at Chippewa PH BLOCK / SECTION _____ LOT 4 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date 11-27-05 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 3@160' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

System Description: * Gravity 25% Reduction

Repair System Description: Same

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

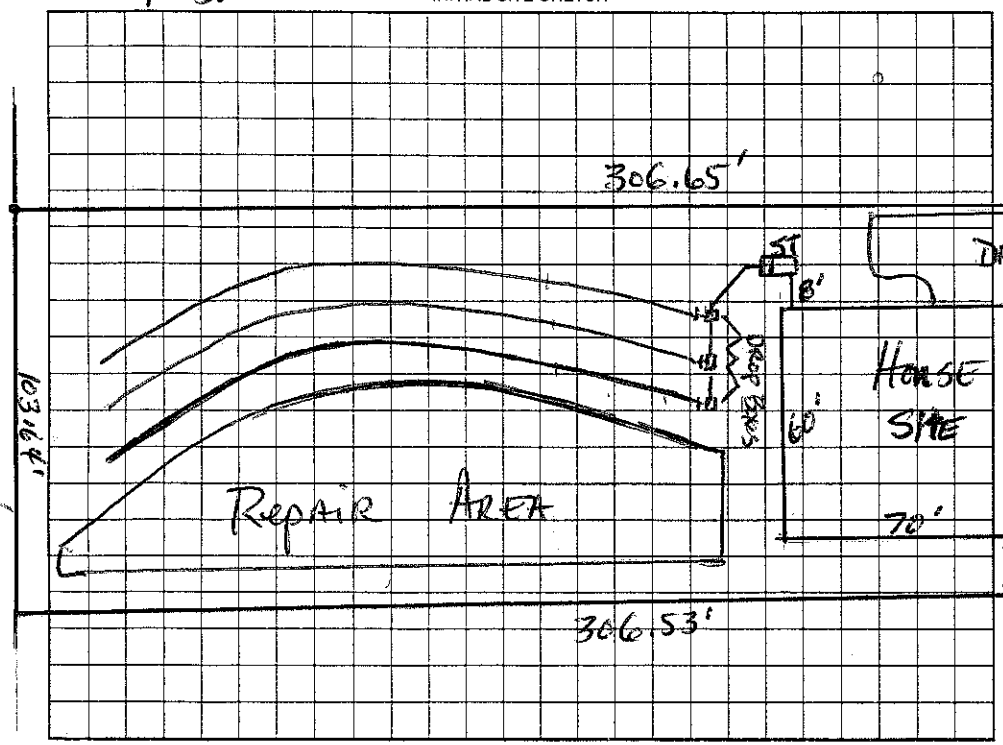
Comments:/Conditions:

* Plumbing must exit at tank location within 6" of Existing grade. Do Not cut/ Lower house site.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow as Drawn

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. Stegall date 10/28/04 Installed by: Willie Christenbury RS

Improvement Permit by: D. Hamm, PS date 9-28-04 Operation Permit by: Maina Hill Dobson date 5/2/06

Authorization to Construct by: D. Myers RS date 10/7/05 Existing System Inspection by: _____ date _____

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