IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5205 MOORESVILLE 704-664-5281

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

PERMIT# 122294 PIN# 4636-32-8692.000 (PINE ISLE III) 4636316855 DATE Oct 21, 04

OWNER OR CONTRACTOR Dicust Enterprises PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville NC 28117

LOCATION Brawley Sch Rd. Tl Isle of Pines Tl Isle Run Dr. 4th lot on left

SUBDIVISION The Cove at Chesapeake Pt BLOCK / SECTION _____ LOT 46 LOT AREA .69 AC SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 7/7/06

Pump Tank: 1000 Gallons; PT 27 Date 7/9/06

Pump Make: MYERS Model ME-50-511 Serial No. 06

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

No Lines 4 @ 80' Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, ⓘ 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: Cut = 36" max 96"

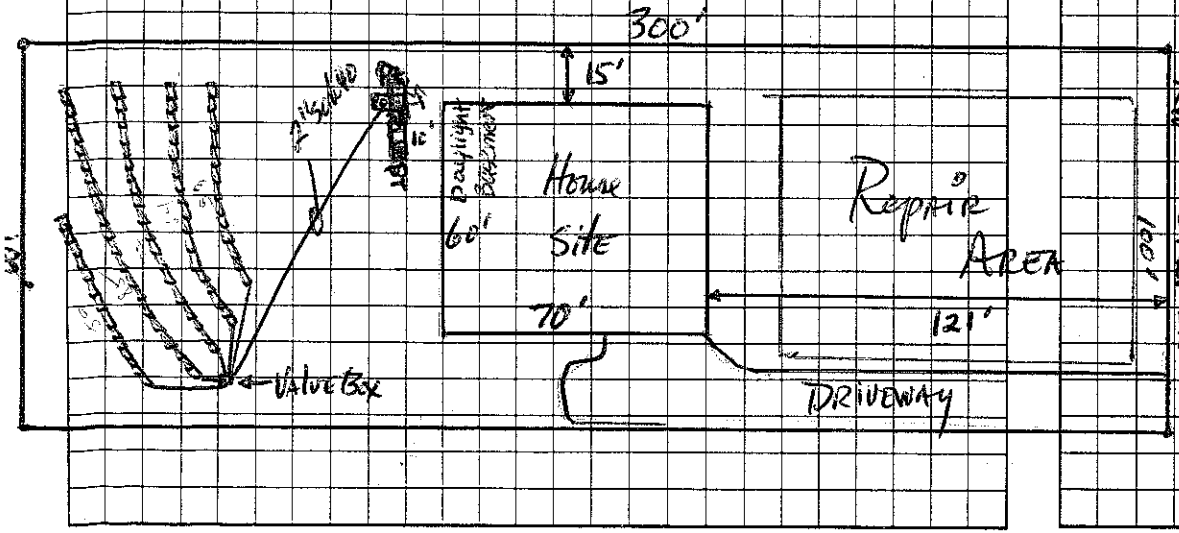
Lines & tanks Checked 8/17/06 by WS

Pressure Set 8/24/06 MD

Comments:/Conditions: Note: Tanks in low area, a lot of surface/stormwater moving into area.

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 Chastenburg

Improvement Permit by: _____ date 10-21-04 Operation Permit by: Wesley Sparks R.S. date 9/20/06

Authorization to Construct by: _____ date 1-19-06 Existing System Inspection by: _____ date _____

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