IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5405 MOORESVILLE 704-664-5281

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

PERMIT# 122294 PIN# 4636-32-8692.000 (4636-31-6885) DATE Oct 21, 04

OWNER OR CONTRACTOR Dicus Enterprises (PINE ISLE III) ORLEANS PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville NC 28117

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

SUBDIVISION The Cove at Chesapeake Pt. BLOCK / SECTION _____ LOT 46 LOT AREA .69ac SITE CLASS. PS DESIGN FLOW 480gpd 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 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

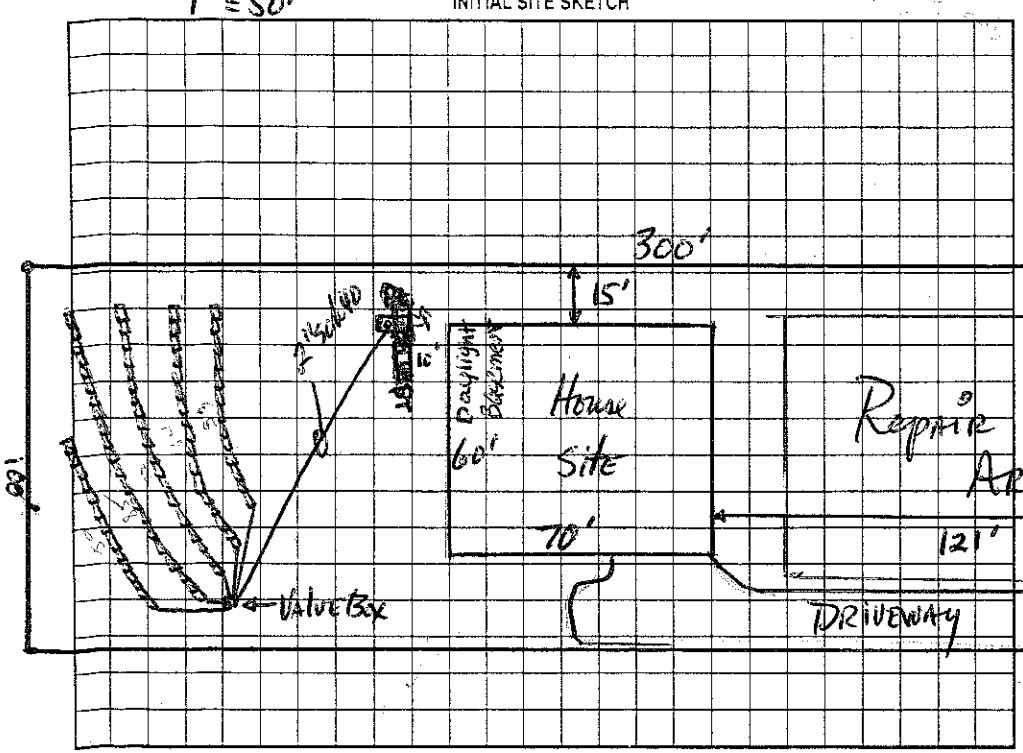
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: CAP = 36" max 96c
Linese tanks checked 8/17/06 by WS
Pressure set 8/24/06 MD

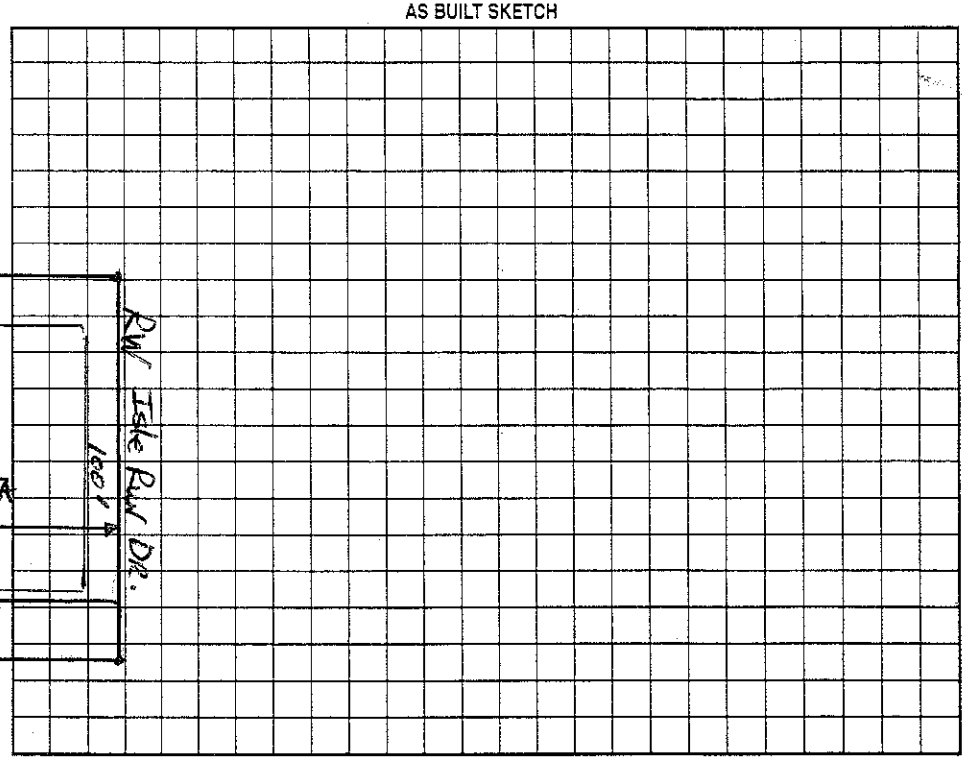
Comments/Conditions: Note: Tanks in low area, a lot of surface/stormwater moving into area.

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 Christenbury

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

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

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