IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12285 PIN# ~~4636-32-8642 Tract 5~~ 4636317550.000 DATE Sept 28, 04

OWNER OR CONTRACTOR Dienst Enterprises (Pine Isle, LLC) FOR LEASE PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TL Isle of Pines TL Isle Run Dr. 5th lot on Right

SUBDIVISION The Cove at Chesapeake Pt. BLOCK / SECTION _____ LOT 5 LOT AREA ±.71Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 312 Date 3/6/07

Pump Tank: 1000 Gallons; PT 283 Date 2/20/07

Pump Make: _____ Model M.E.=50SU Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6 X 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: pm 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

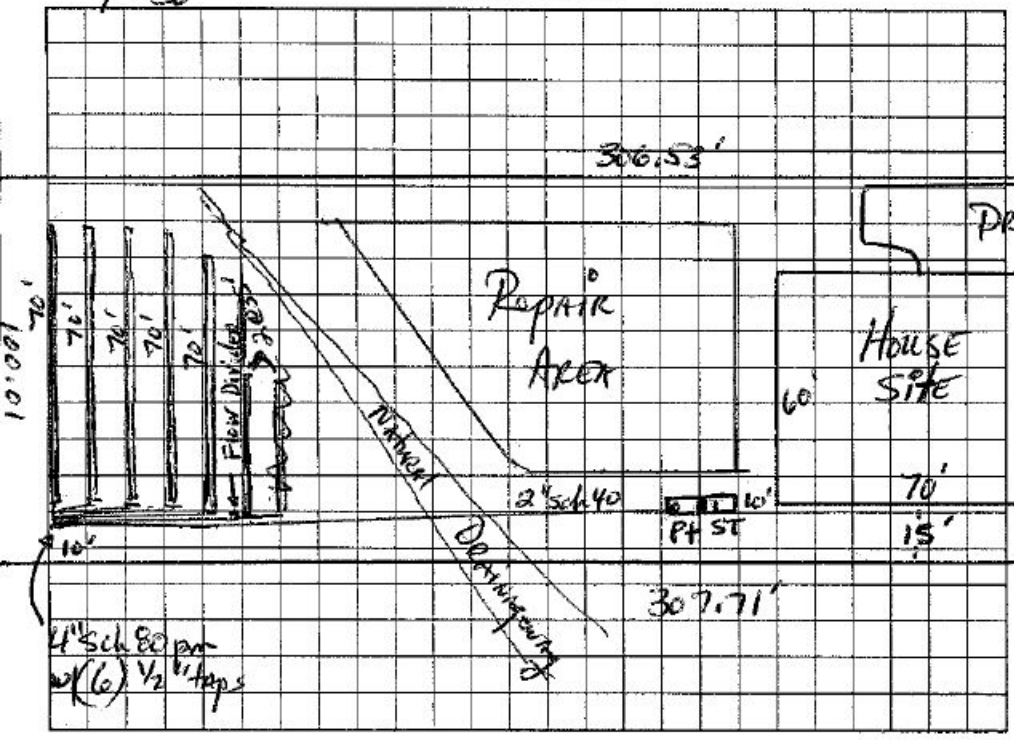
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: * 5 Laterals @ 70' each; 2 Laterals @ 35' each

Comments/Conditions: 9/30/07 Checked tanks, elect
Checked lines, pressure

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 6 lines @ 70' ea
EZ Flow

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. Bryan Dienst date 10/28/04 Installed by: Willie Christenbury

Improvement Permit by: D. Johnson, RS date 9-28-04 Operation Permit by: Marian Hudson RS date 10/14/07

Authorization to Construct by: Wesley Sparks R.S. date 11/17/06 Existing System Inspection by: _____ date _____

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