12/29/06 Pd $100.00 Realrow

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122239 PIN# 4636328692.007 4636-31-9574 Rob Ervin DATE 1-31-06

OWNER OR APPLICANT Orleans Home Builders PHONE: Business 658-1171 Home 361-0987

ADDRESS 1930 B Center Park Dr. Charlotte, NC 28217

LOCATION Brawley School Rd TL Isle of Pines TL Isle Run Drive last on right

SUBDIVISION The Cove at Chesapeake Point SECTION ____ LOT 7 LOT AREA 1.09 Acre SITE CLASS. PS DESIGN FLOW 400 gpd T.A.R. .3

Septic Tank: 1500 Gallons: STB 338 Date 4-23-06
Pump Tank: 1500 Gallons: PT 477 Date 3-11-06
Pump Make: ____ Model ME50 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 4@135' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-PM-25% Reduction
Repair System Description: pm/LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons ____ No. Employees ____

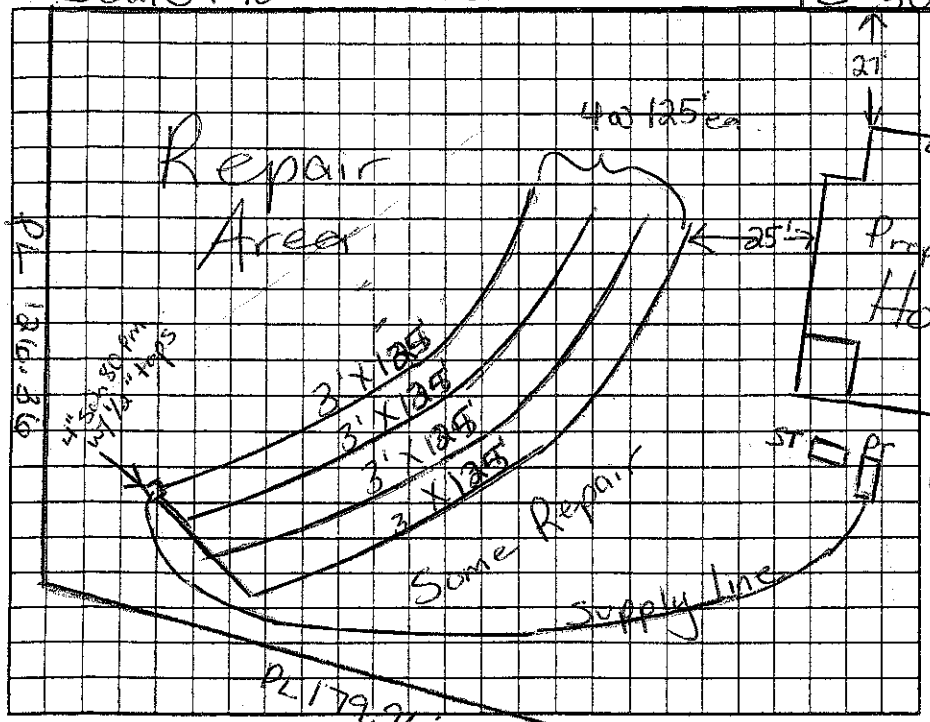
Water Supply: ☐ Individual ☒ Public ☒ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

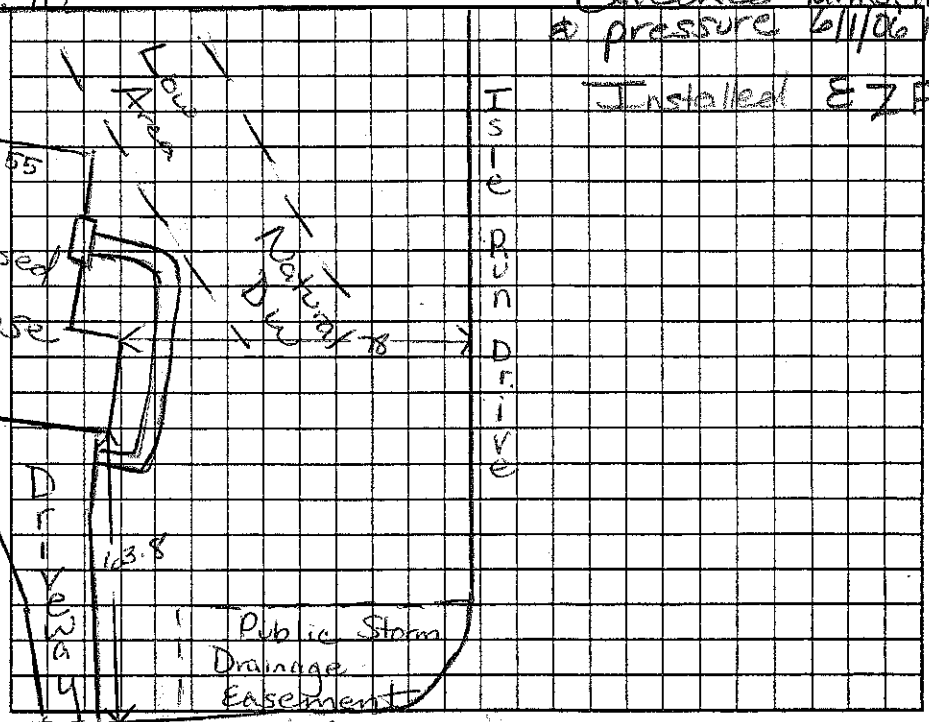
Comments:/Conditions: *Note to Installer: IF using Infiltrator Quick 4 for Drainfield then need to use Flow Dissipater.

Comments:/Conditions: *Keep Drainfield 25' From Foundation drain.
5/2/06 Okay to run supply along other side of Drainfield.

Scale 1:40 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 ____ Installed by: Willie Christenbury

Improvement Permit by: Maina H. Dotson RS date 1/31/06 Operation Permit by: Maina H. Dotson RS date 6/28/06

Authorization to Construct by: Maina H. Dotson RS date 1/31/06 Existing System Inspection by: ____ date ____

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