IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122283 PIN# ~~4636-32-8642.038~~ 4636-32-3187 DATE Oct 20, 04

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

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

LOCATION Brawley School Rd TL Isle of Pines TL Isle Run Dr. TL Preserve Way TL Meadow Run Lane TL Dale View Ct. Head

SUBDIVISION The Isle at Quaypoke Pt BLOCK / SECTION _____ LOT 38 LOT AREA .87Ac SITE CLASS C5 DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 2-19-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity LPP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

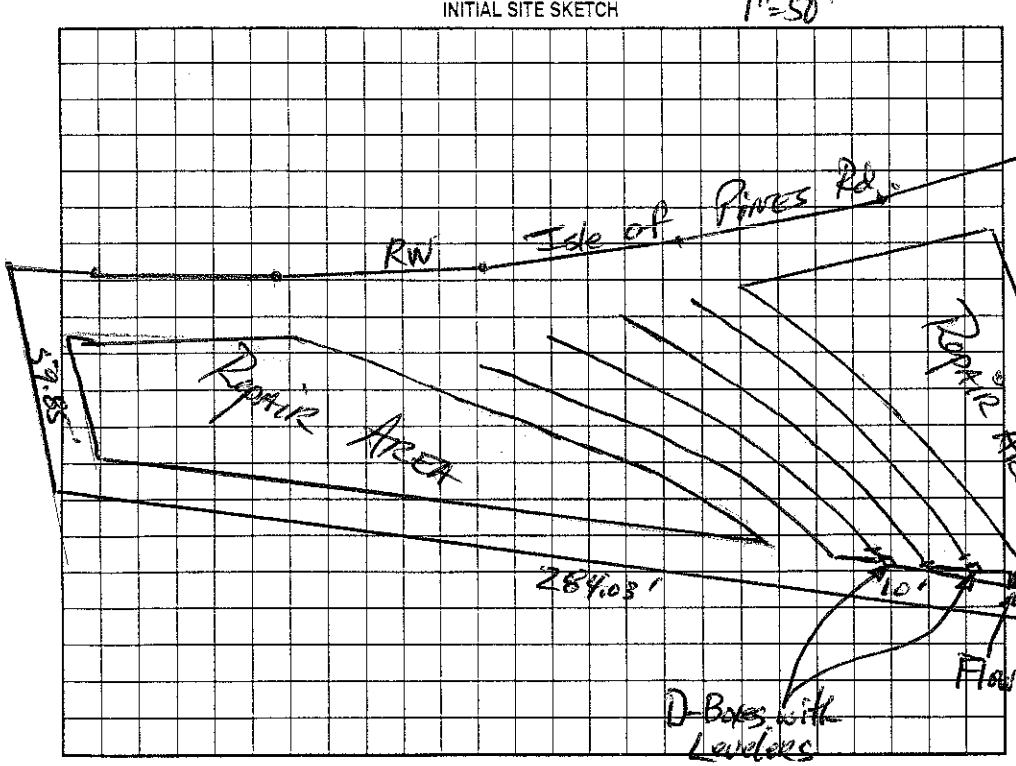
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ~~☐ Public~~ ~~☐ Community~~

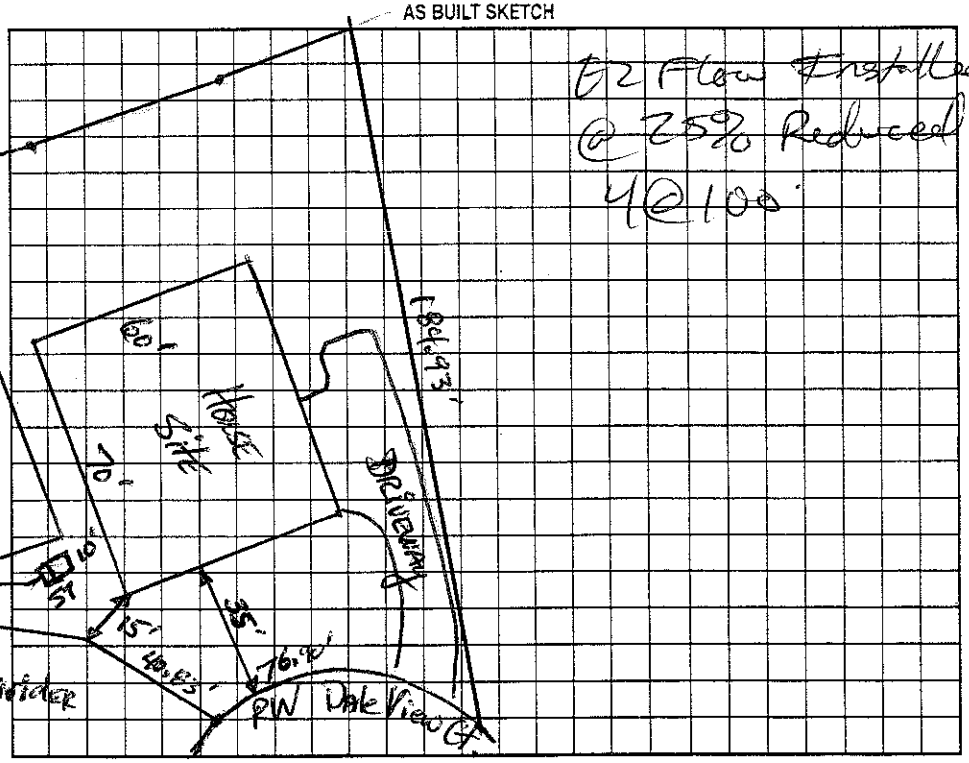
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 10-20-04 Operation Permit by: _____ date 3/28/07

Authorization to Construct by: _____ date 11/17/06 Existing System Inspection by: _____ date _____

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