IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122286 PIN# 4636-32-8642.041 / 4636-32-6174 DATE Oct 20, 04

OWNER OR CONTRACTOR Drexel Enterprises (Pine Isle LLC) / Orleans PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville, NC 28117

LOCATION Brawley Sch Rd TL Isle of Pines TL Isle Run Dr. TL Preserve Way TL Meadow Run Ln. on Left

SUBDIVISION The Cove at Chesapeake PH BLOCK / SECTION _____ LOT 41 LOT AREA .69 Ac SITE CLASS PS DESIGN FLOW 400 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-27-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1700 Linear Feet 400
No Lines _____ 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: GRW/LP 25-50% Red Repair
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____

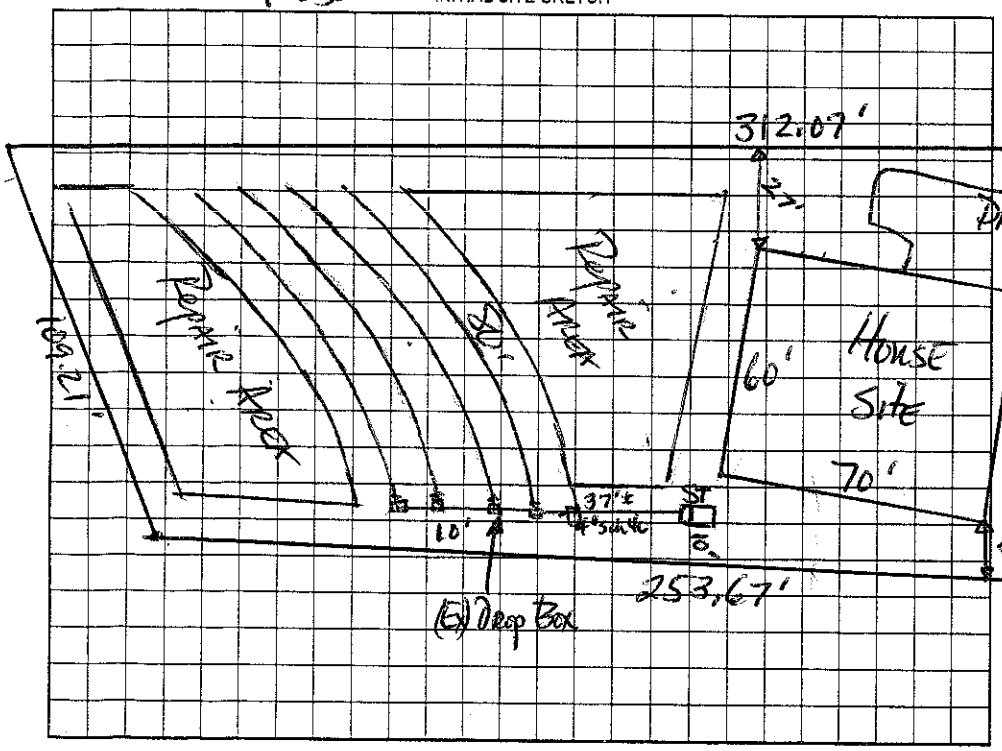
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

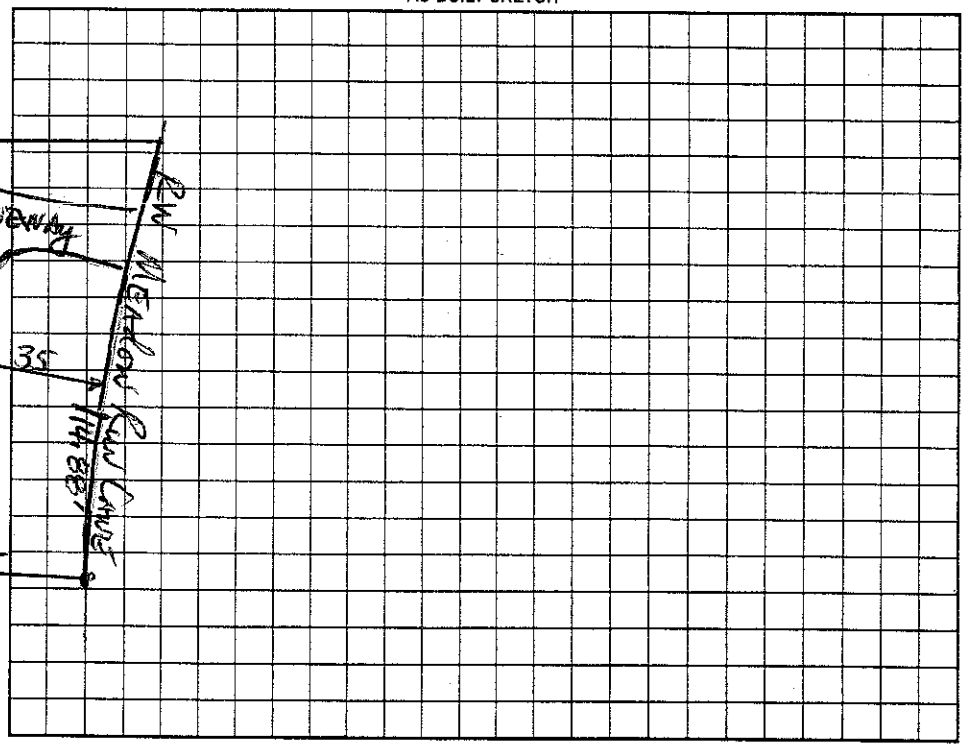
Comments/Conditions: 150 80'

Comments:/Conditions: NO cutting in ST or drainfield area. Installed EZ Flow w/ Drop boxes

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

Improvement Permit by: D L Hinson, RS date 10-20-04

Authorization to Construct by: Judy Melville date 4-13-07

Installed by: Willie Christenbury

Operation Permit by: Maria H. Dotson, RS date 6/27/08

Existing System Inspection by: _____ date _____

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