# IREDELL COUNTY HEALTH DEPARTMENT

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

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

12:00 pm

PERMIT# 122-255 PIN# ~~4636-32-8612.000~~ 4636327724 DATE Oct. 12, 04

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

ADDRESS 125 Easton Dr., Mooresville, NC 28117

LOCATION Bentley Sch Rd. TL Isle of Pines TL Isle Run Dr. TL Preserve Way TL Estate View Ct. Head on left

SUBDIVISION The Cove at Chesapeake Pt BLOCK / SECTION _____ LOT 28 LOT AREA .69ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 initial / .3 Repair

Septic Tank: 1000 Gallons; STB 312 Date 5-20-06
Pump Tank: 1000 Gallons; PT 283 Date 5-15-06
Pump Make: Myers Model ME 50 Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 640/960 Linear Feet 320
No. Lines 4-5 Trench Width 24" min 18" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ 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 _____

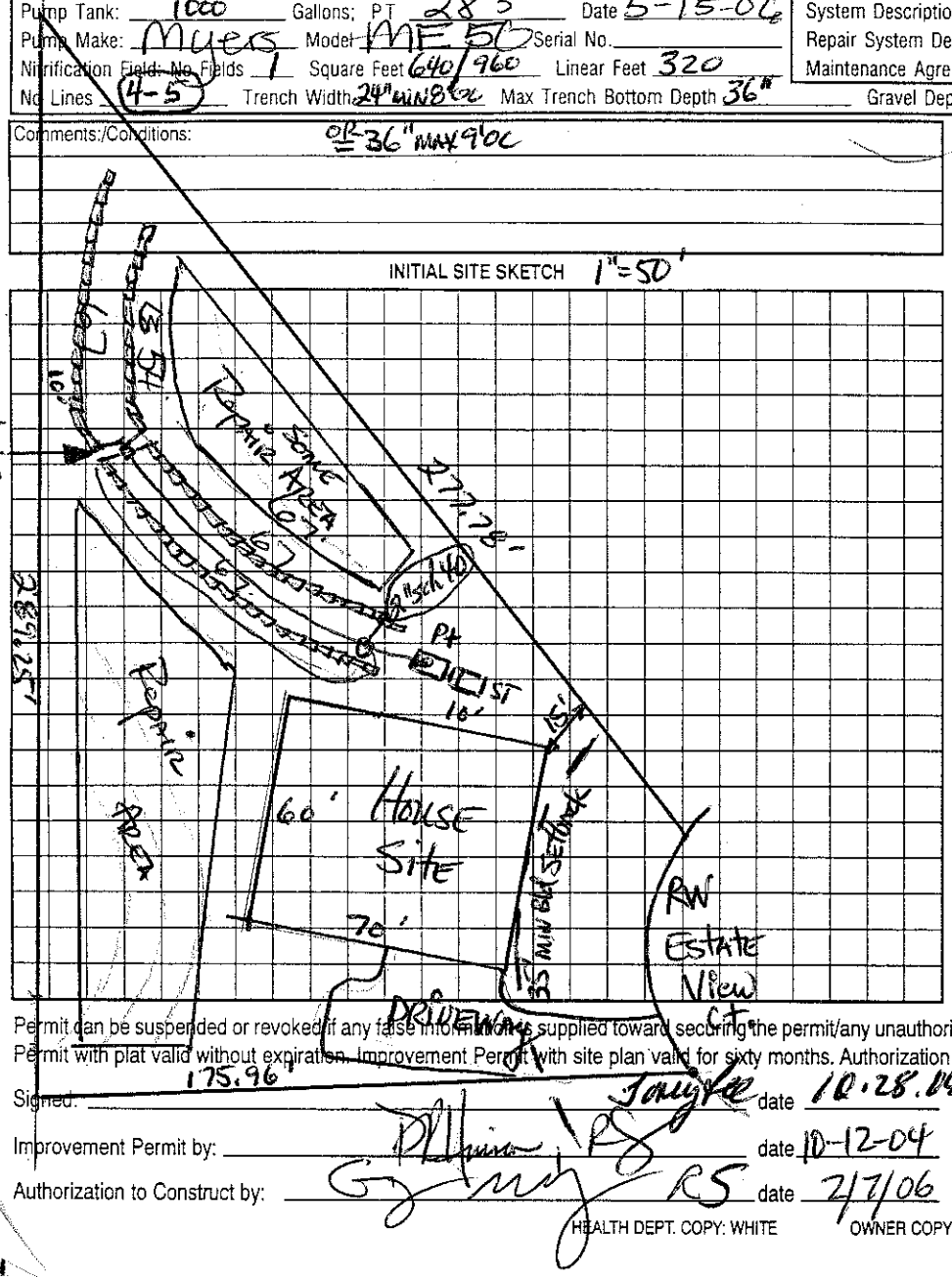
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments:/Conditions: OR = 36" MAX 90c

Comments:/Conditions: 3/16" hole
Checked tanks & lines 6/22/06

INITIAL SITE SKETCH 1" = 50'




AS BUILT SKETCH

House is only ≈50' Deep Leaving Room for Deck

The location of the proposed Deck addition does not appear to impact the existing septic system.
**NOTE: _____
Date: 3-9-11 REHS
ICHD-Environmental Health Division

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 10-12-04 Operation Permit by: _____ date 7-26-06

Authorization to Construct by: _____ date 2/7/06 Existing System Inspection by: _____ date _____

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