IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122271 PIN# ~~4636-32-8692.031~~ 4636328356.000 DATE Oct. 13, 04

OWNER OR CONTRACTOR Diegist Enterprises (Pine Isle LLC)/Robert Brown PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr Mooresville, NC 28117

LOCATION Brawley School TL Isle of Pines TL Isle Run Dr.

SUBDIVISION The Covert Chesapeake PH BLOCK / SECTION _____ LOT 31 LOT AREA .69 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 312 Date 8-1-05
Pump Tank: 1000 Gallons; PT 283 Date 8-1-05
Pump Make: Zoeller Model 152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ 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

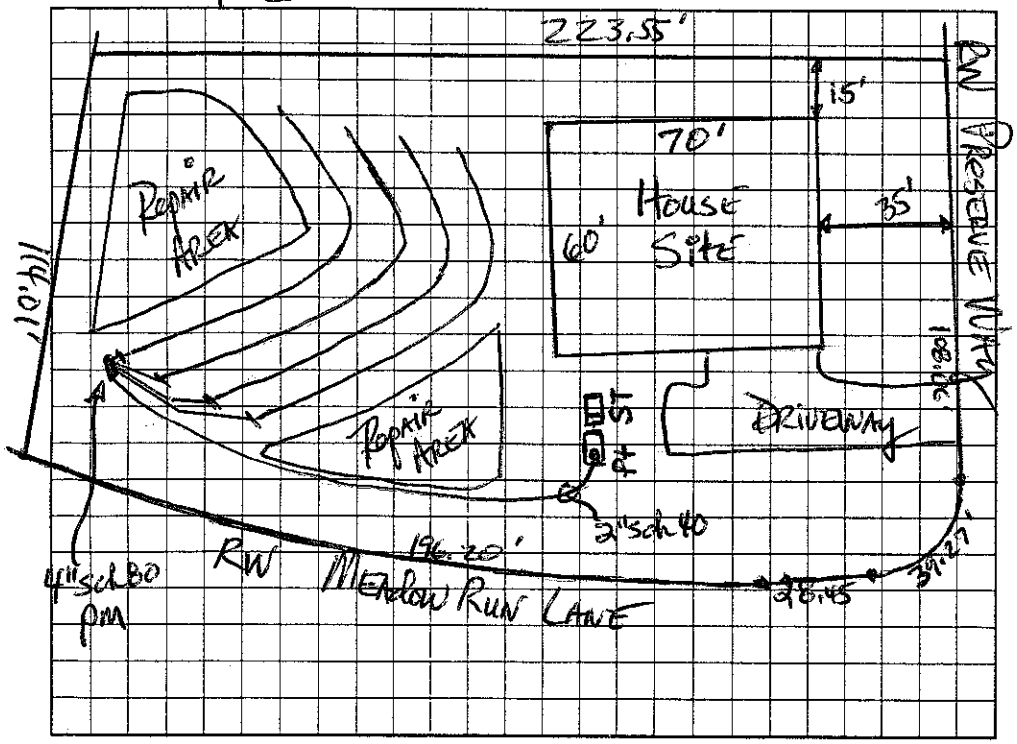
Water Supply: ☐ Individual ~~☒~~ Public ☐ Community

Comments:/Conditions:

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Red Polylok filter, Tank w/risers
Quick 4 chambers installed as initial / 9/7/05 JM
Site sketch

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Elect & alarm checked by MD

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: DR Timmons, RS date 10-13-04 Operation Permit by: Maria H Wilson RS date 9/21/05

Authorization to Construct by: _____ RS date 2/28/05 Existing System Inspection by: _____ date _____

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