IREDELL COUNTY HEALTH DEPARTMENT

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

4:00 P

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

PERMIT# 121299 PIN# ~~4636-32-6692.013~~ 4636-41-1995 DATE ~~Sept 30, 04~~

OWNER OR CONTRACTOR Diewst Enterprises (PINE ISLE, LLC)/Orleans PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville N.C. 28117

LOCATION Brawley Sch Rd TR Isle of Pines TR Isle Run DR. TR ~~Sunset View Dr.~~ PRESERVE WAY ON Right

SUBDIVISION The Cove at Chesapeake ph. BLOCK / SECTION _____ LOT 13 LOT AREA .78Ac SITE CLASS 15 DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/16/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3+3 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/pumped 25-50% Red

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

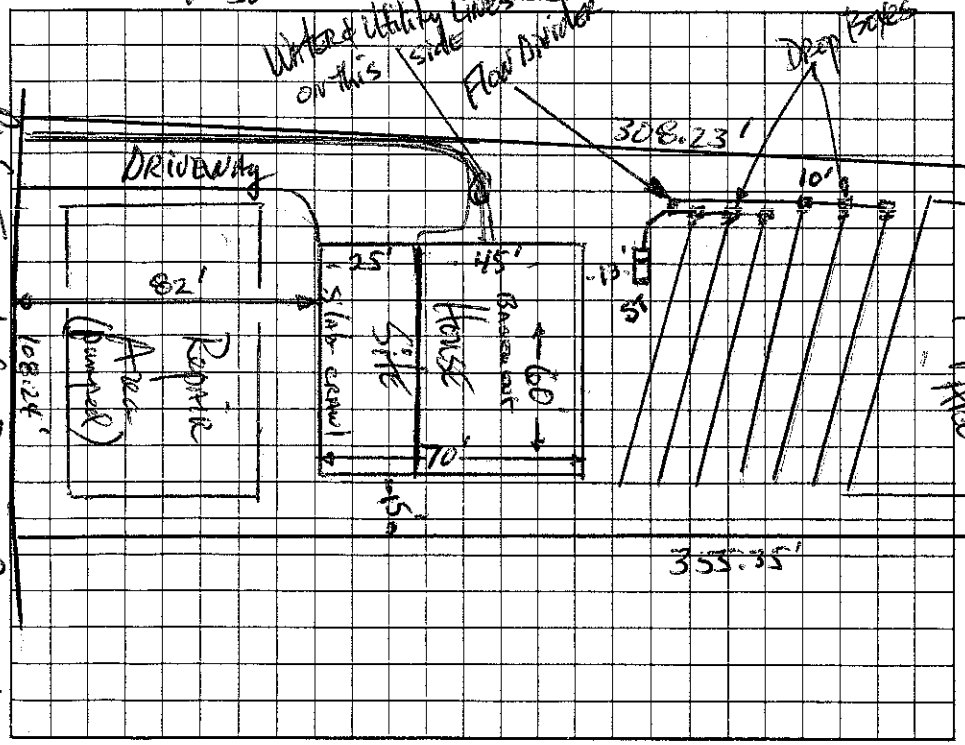
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: 200' of Lateral minimum off each side of Flow Divider

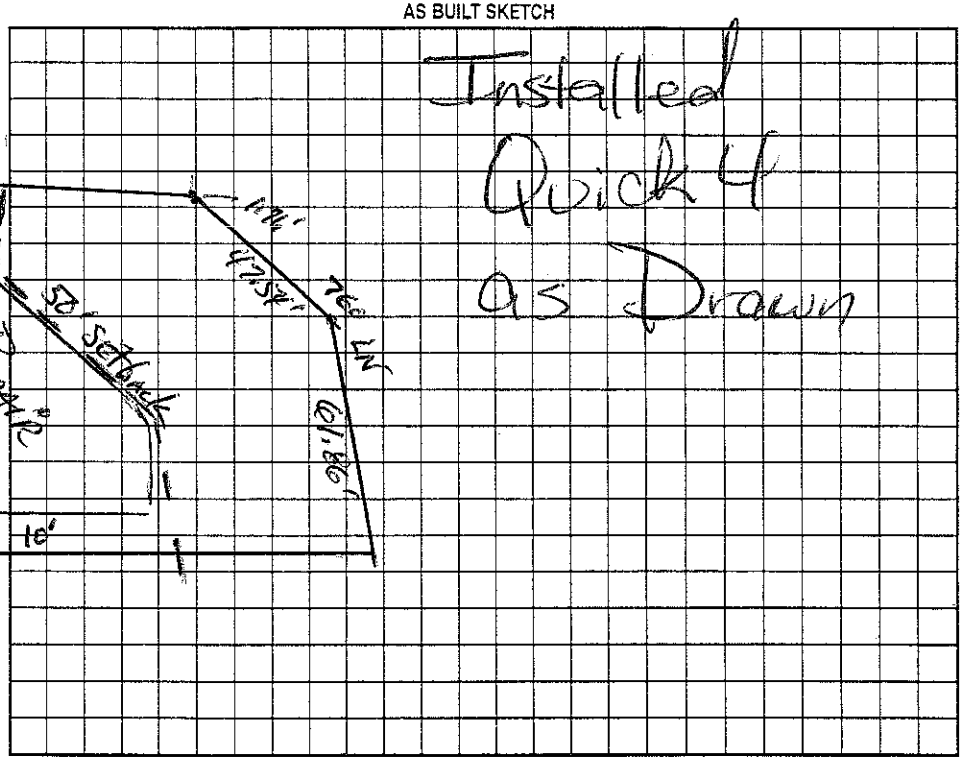
7/17/06 Reviewed Building plans, essentially in compliance with original permit.

Comments:/Conditions: (partial) Checked tanks & lines 10/3/06 MO

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: Rick Diewst date 10/28/04 Installed by: Willie Christenbury

Improvement Permit by: [illegible] date 9-30-04 Operation Permit by: Maria H Dotson RS date 10/3/06

Authorization to Construct by: Maria H Dotson RS date 7/17/06 Existing System Inspection by: _____ date _____

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