IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12129B PIN# ~~4636-32-8692.012~~ 4636-41-2816 DATE Sept 28, 04

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

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

LOCATION Barby School Rd. TL Isle of Pines TL Isle Run Dr. TL ~~Sunset Blvd~~ Preserve Way immediately on Right

SUBDIVISION The Cove at Champion Pt BLOCK / SECTION _____ LOT 12 LOT AREA .82ac SITE CLASS. PS DESIGN FLOW 400gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 7-24-06
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

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

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

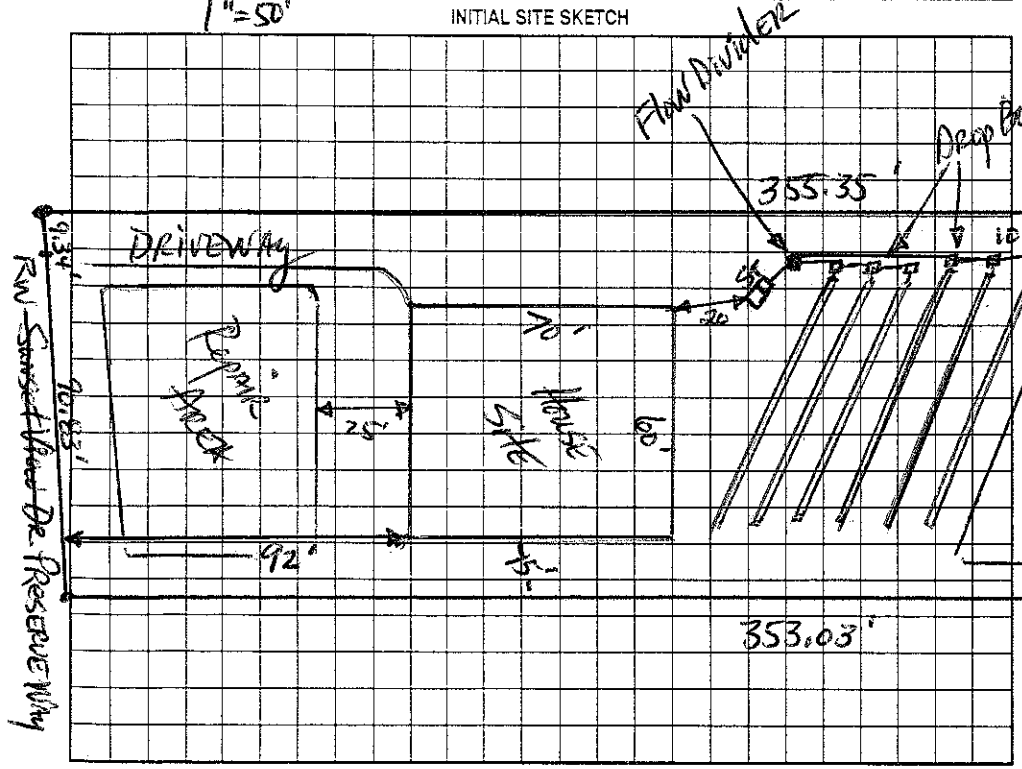
Water Supply: ☐ Individual ~~☑ Public~~ ~~☐ Community~~

Comments:/Conditions:

Comments:/Conditions:
Red poly for filter ST w/ riser

1"=50'

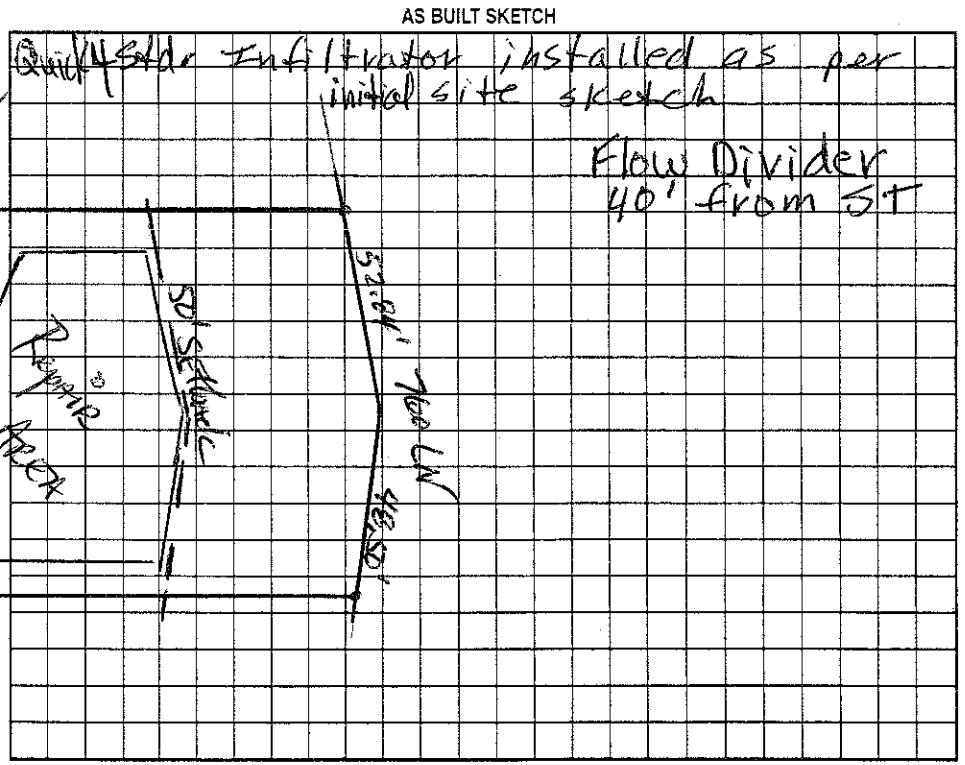
INITIAL SITE SKETCH



AS BUILT SKETCH

Quick 4 Std. Infiltrator installed as per initial site sketch

Flow Divider 40' from ST



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: R. B. Frost date 10/28/04

Improvement Permit by: D. Hamm, RS date 9-28-04

Authorization to Construct by: Elaine Caviness date 2/22/05

Installed by: BW Christenbury

Operation Permit by: Judy Melville date 9-6-06

Existing System Inspection by: _____ date _____

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