#470 10:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12307 PIN# ~~4636328698.018~~ 4636421457 Cell DATE 4-3-06

OWNER OR APPLICANT Orleans Home Builders PHONE: Business 658-1171 ~~Home~~ 361-0987

ADDRESS 1930-B Center Park Dr. Charlotte NC 28217

LOCATION Brawley School Rd TL Isle of Pines TL Isle Run Dr TL Preserve Way on right

SUBDIVISION The Cove @ Chesapeake BLOCK / SECTION ____ LOT 18 LOT AREA .77 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-21-06 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI ☒ House/Mod. Home No. Bedrooms 4 Water Supply: ☐ Individual

Pump Tank: 1000 Gallons; PT 21 Date 6-6-06 System Description: Pump-LP-Panel Block ☐ Mobile Home No. Persons ____ ☒ Public

Pump Make: Myers Model ME 50 Serial No. ____ Repair System Description: Same ☐ Business No. Employees ____ ☐ Community

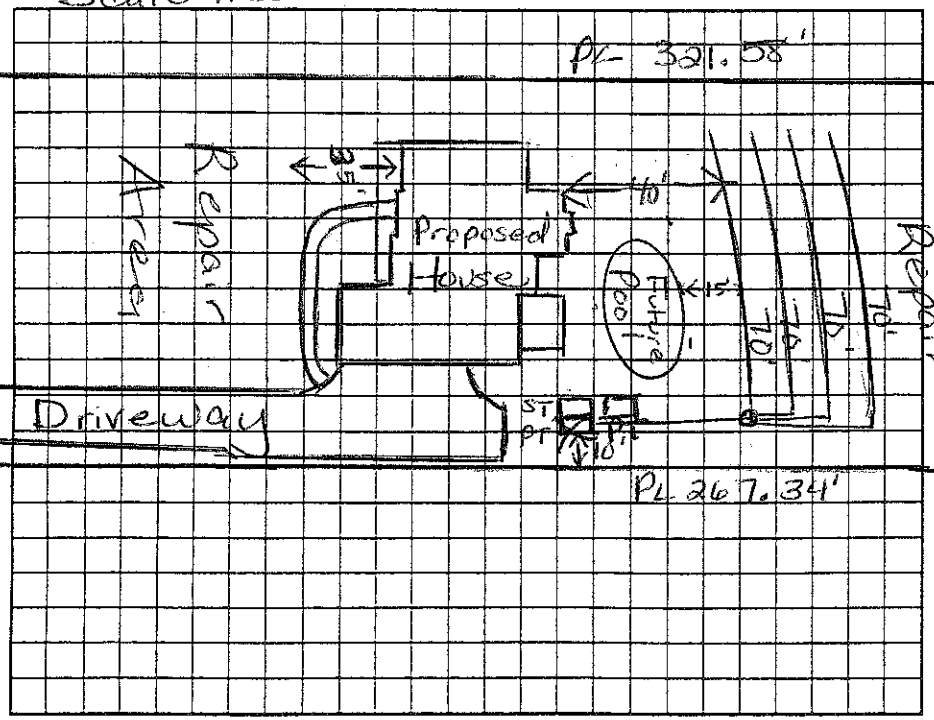
Nitrification Field: No Fields 1 Square Feet 560' Linear Feet 280' Maintenance Agreement Required: ☒ Yes ☐ No ☐ Other ____

No Lines 4@76 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

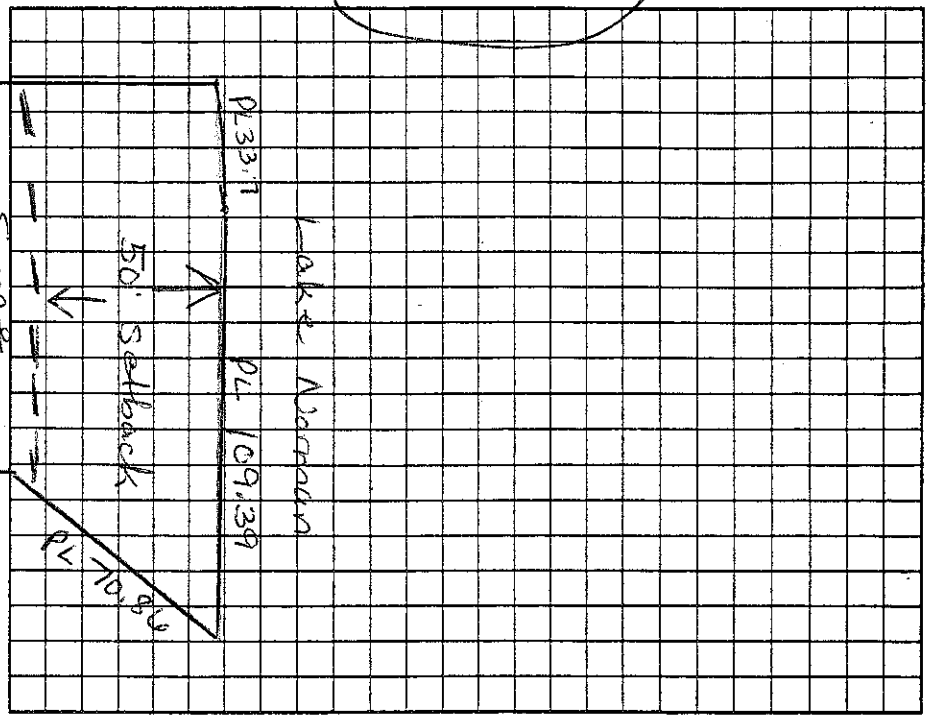
Comments:/Conditions: Must keep pool "cut" at least 15ft from Septic System.

Comments:/Conditions: Checked tanks & lines 9/18/06 Checked Pressure 9/19/06

Scale 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: [signature] date 4/4/06 Installed by: Willie Christenbury

Improvement Permit by: Maria H. Dotson RS date 4/3/06 Operation Permit by: [signature] RS date 9/26/06

Authorization to Construct by: Maria H. Dotson RS date 4/3/06 Existing System Inspection by: ____ date ____

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