12100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12309 PIN# ~~4636-32-8692.019~~ 4636421557 DATE 8-9-06

OWNER OR APPLICANT Bruce Zschoche PHONE: Business _____ Home 206-940-1543

ADDRESS 201 Clusters Circle

LOCATION Brawley School Rd TL Isle of Pines TL Preserve Way on right past Meadow View

SUBDIVISION Cove @ Chesapeake Pt BLOCK / SECTION _____ LOT 19 LOT AREA .74 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 7-24-06
Pump Tank: 1000 Gallons; PT 283 Date 6-7-06
Pump Make: Myers Model ME 50 Serial No. _____
Nitrification Field: (No) Fields 1 Square Feet 1600 Linear Feet 267
No Lines 4@67' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

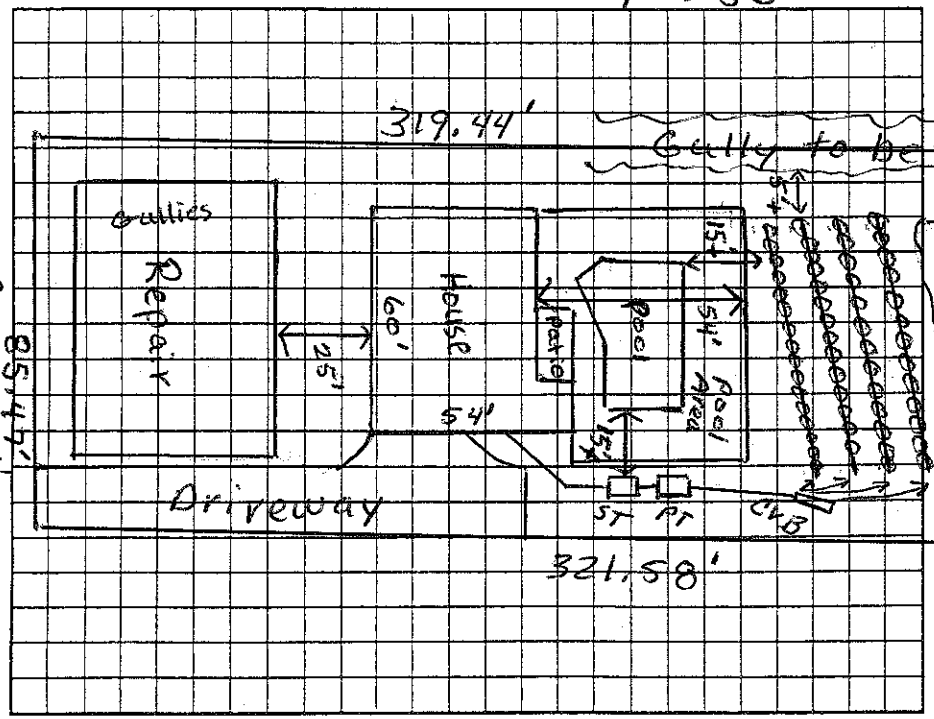
Water Supply: ☐ Individual ☐ Public ☒ Community

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

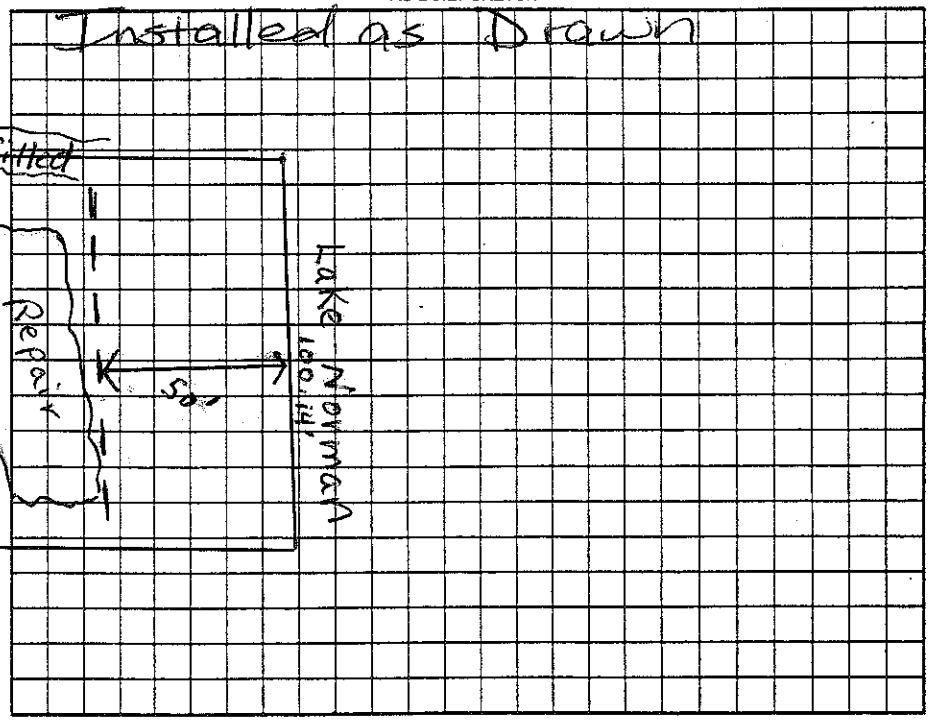
Comments:/Conditions:
6@2 panels
Fill Gully
Pool to be at least 15' from any part of septic system. Septic supply line must be from pool.

Comments:/Conditions: Set @ 2ft pressure head 9/12/06 mp
10'+

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: B A Shl date 8-22-06 Installed by: Willie Christenbury

Improvement Permit by: Cindy McLaulin date 8-9-06 Operation Permit by: _____ date 9/25/06

Authorization to Construct by: Cindy McLaulin date 8-22-06 Existing System Inspection by: _____ date _____

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