11; 0 0960732 7665

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12130 PIN# 4636328692.000 4636-42-1646 DATE 7/18/07

OWNER OR APPLICANT Lawrence Moran PHONE: Business _____ Home (651) 334-1262

ADDRESS _____

LOCATION Brawley Sch. Rd. (L) Isle of Pines, (L) Isle Sun Dr. (L) Preserve Way - on right near end

SUBDIVISION Cove @ Chesapeake Pt. BLOCK / SECTION _____ LOT 20 LOT AREA .73 Ac SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 312 Date 7-10-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields _____ Square Feet 1200 Linear Feet 400
No. Lines 6 (3B) Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Conv. 25% Reduced
Repair System Description: LP Pane 1 Block
Maintenance Agreement Required: ☐ Yes ☒ No

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

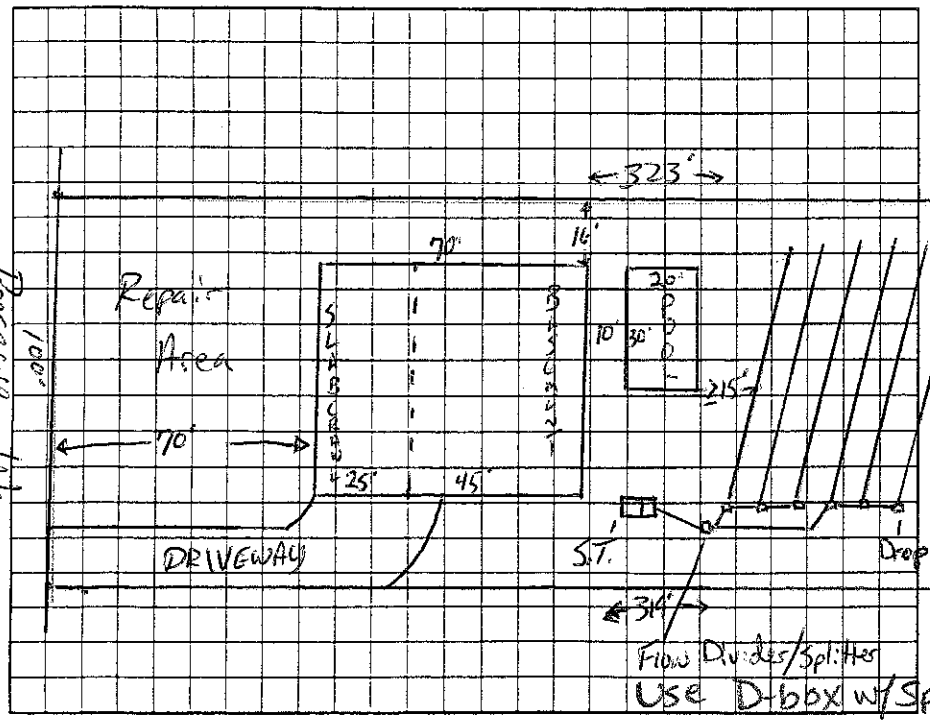
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

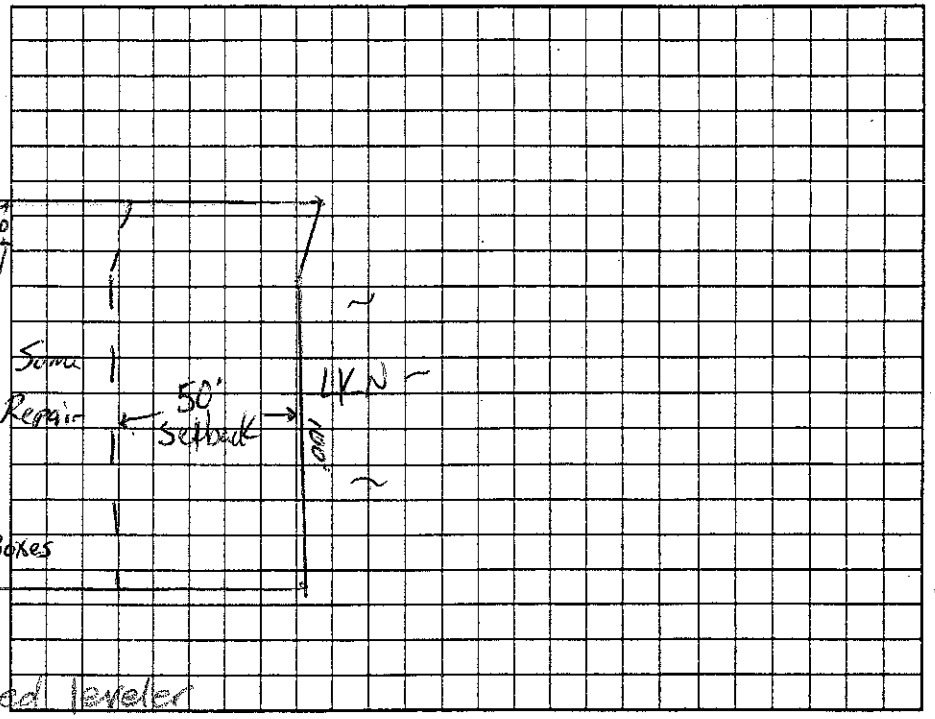
Comments/Conditions: Installed 60 70' EZ Flow

Comments/Conditions: 9/24/08 Okay to use D-box

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: Ella Forte date 7/3/07 Installed by: Willie Christenbury LRS

Improvement Permit by: [signature] date 7-18-07 Operation Permit by: Maria H. Lobo, RS date 10/1/08

Authorization to Construct by: [signature] date 7-18-07 Existing System Inspection by: _____ date _____

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