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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 225 MPSW1 PIN# ~~4645-59-2250~~ 4645-48-5831 DATE Nov 21, 01

OWNER OR CONTRACTOR Dienst Enterprises Inc. / St. Lawrence Homes PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr. Mooresville N.C. 28117

LOCATION 215. TL Alcove TR Templeton TR Templeton Bay TL Greenfield on left

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 9 LOT AREA 24,180 ft² SITE CLASS. PS plus 1956 DESIGN FLOW 360 gpd L.T.A.R. .2-.25

Septic Tank: 1000 Gallons; STB 312 Date 5/16/05

Pump Tank: 1000 Gallons; PT 283 Date 5/12/05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 3 Trench Width 24" MIN 8'oc Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LPPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

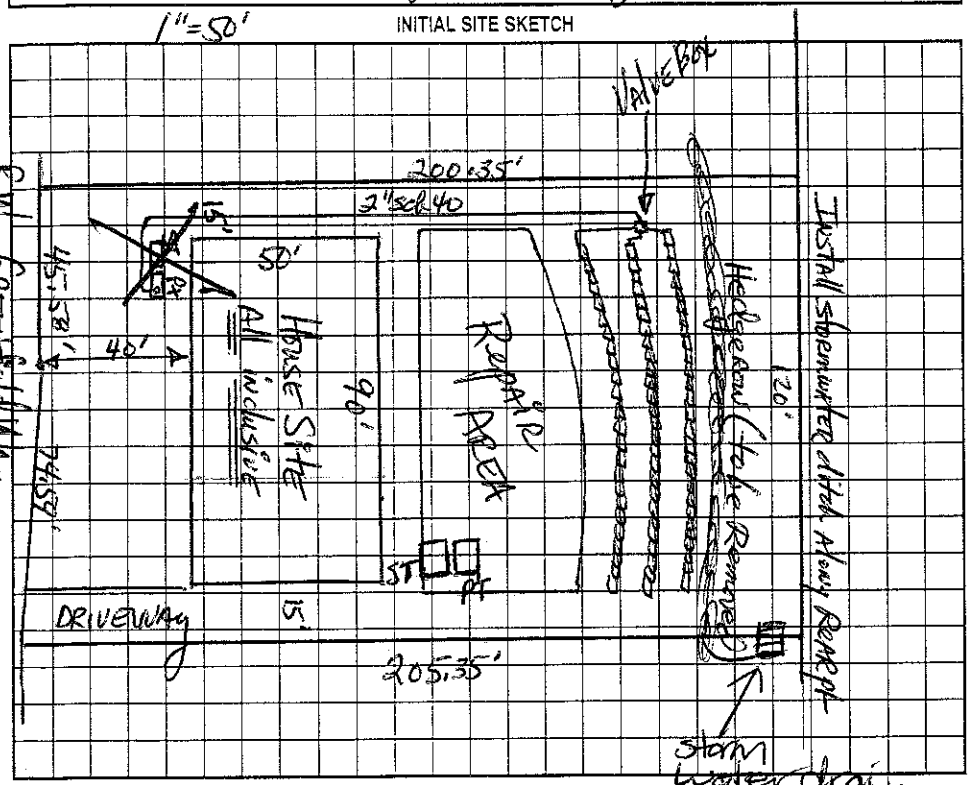
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: CR32" MAX 9'oc

Do not cut house site. Backfill only against foundation in order to provide positive drainage. Remove any old burns & hedgerows.

Comments: Conditions: Tanks Lines checked 7/6/05 Pressure, effect & alarm on checked 7/13/05

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as Drawn

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: Robert A. Dienst date 1/16/02

Improvement Permit by: Mark Johnson RS date 11-21-01

Authorization to Construct by: _____ RS date 3/9/05

Installed by: R & H RS

Operation Permit by: Maria H Dobson date 7/13/05

Existing System Inspection by: _____ date _____

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