127291

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 325.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 225 Mrsvl. PIN# ~~4645-59-2250~~ 4645-48-8919 DATE Dec 3, 01

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

ADDRESS 125 Easton Dr. Mooresville N.C. 28117

LOCATION 21S TL Alcove TR Templeton TR Templeton Bay TL Greenfield on Right

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 16 LOT AREA 24000 ft SITE CLASS. 05 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 11-1-01
Pump Tank: 1000 Gallons; PT 27 Date 10-15-05
Pump Make Goulds Model WE0312HC Cert. No. _____
Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200
No Lines 3 Trench Width 24"MIN 36" MAX Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: LP PBPS
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

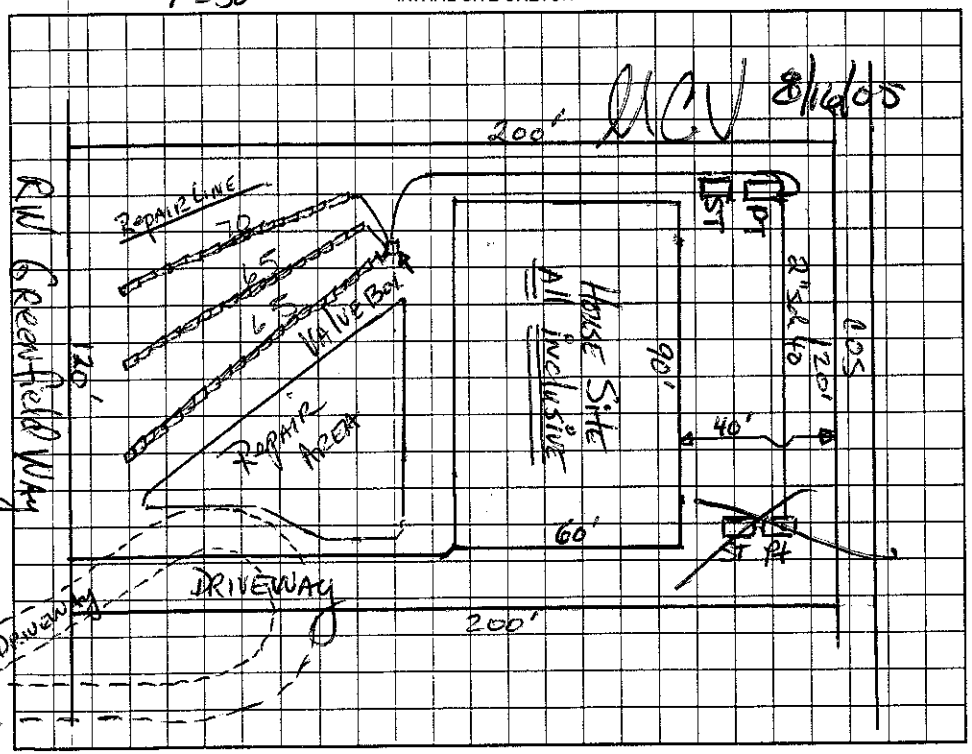
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: OR 36" MAX 96"

Comments:/Conditions: Checked tanks & lines 7/21/05
Checked Elect, alarm & pressure 8/16/05

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: Robert B. Dicnst date 1/29/02

Improvement Permit by: Mark Johnson RS date 12-3-01

Authorization to Construct by: _____ RS date 3/1/05

Installed by: R & H RS

Operation Permit by: Marian H. Dotson RS date 8/16/05

Existing System Inspection by: _____ date _____

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