127906

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2258 MASW. PIN# ~~4645-39-2250~~ 4645-48-9791 DATE Nov. 21, 01

OWNER OR CONTRACTOR Dienst Enterprises Inc. / ST LAINRAKE Homes PHONE: Business _____ Home _____

ADDRESS 125 EASTON DR. Mooresville N.C. 28117

LOCATION 21 S. TL Alcove TR Templeton TR Templeton Bay TL Greenfield on left

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 5 LOT AREA 24,042 ft² SITE CLASS. A/S Prior to 1952 DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 12-17-04

Pump Tank: 1000 Gallons; PT 283 Date 10-22-05

Pump Make Goulds Model WE0312 Serial No. _____

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

No Lines ~3 Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 36" max 96"

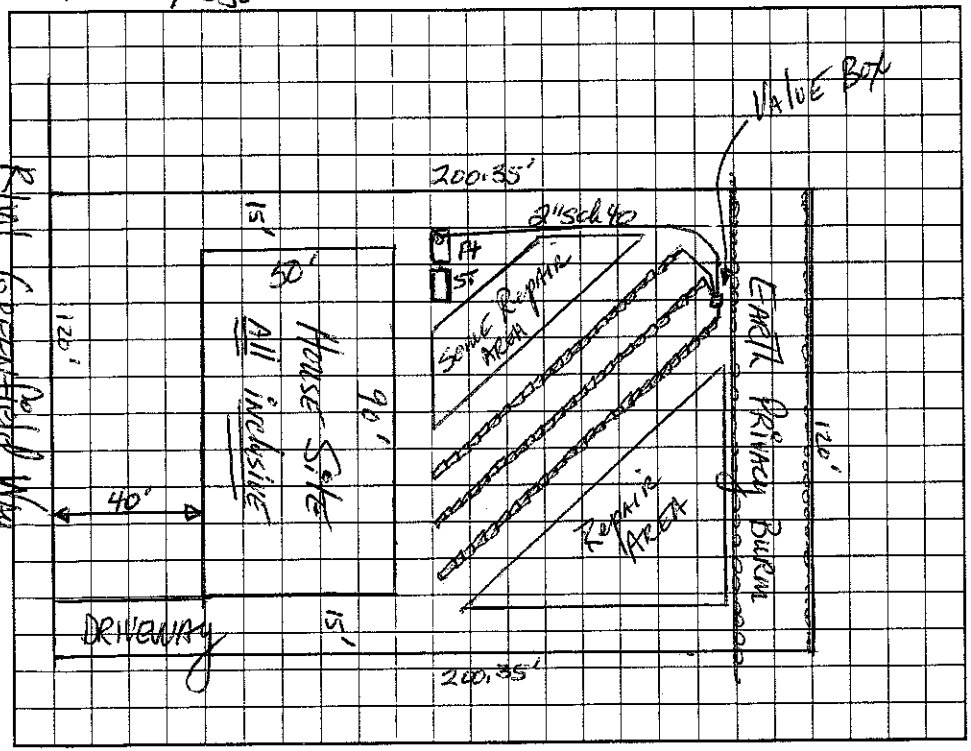
Do not cut house site. Backfill only against foundation to provide positive drainage. Remove any old burns in septic system area.

Comments:/Conditions: Checked tanks & lines 7/26/05 mo

Check pressure, float & alarm 8/4/05

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 Dienst date 1/16/02

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

Authorization to Construct by: William Sparks RS. date 4/15/05

Installed by: R & T

Operation Permit by: Maria Dotson RS date 8/4/05

Existing System Inspection by: _____ date _____

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