IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281 1130

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

PERMIT# 225 MRSV 110524 PIN# 4645-59-2250 4645-49-8887 DATE Dec 18, 01

OWNER OR CONTRACTOR Dienst Enterprises Inc. / ST LAWRENCE HOMES PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 TC Alcove TR Templeton TR Templeton Bay on left past jct w/ Pauls Lane

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 36/36A LOT AREA 25106+ 14400 ft² SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .25-.3 SFE36A

Septic Tank: 1000 Gallons; STB 794 Date 4-26-03
Pump Tank: 1000 Gallons; PT 27 Date 4-21-03
Pump Make: Myers Model P102 Serial No 2532-7 D
Nitrification Field: No Beds 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM- Innovative 25% Red on SFE36A
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

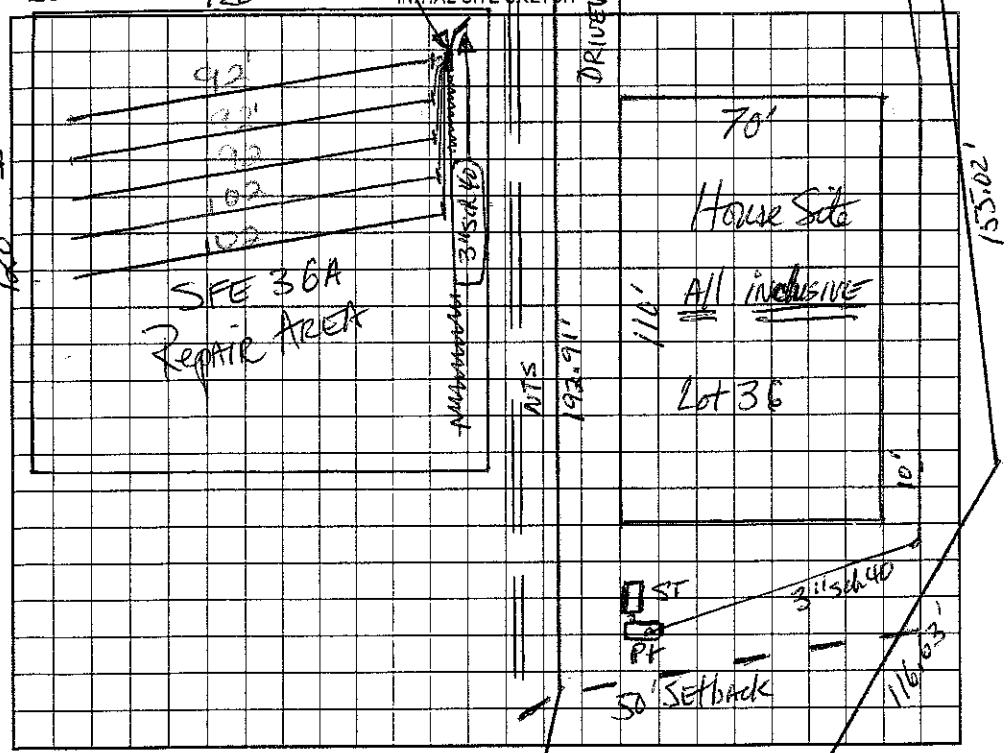
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:
Remove any old burns in septic field Reserve
RW Templeton Bay Dr.

Comments:/Conditions: Checked tanks & lines 6/24/03 MS
Press, elect. & alarm 6/25/03 MS

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

EZ Flow Drain Field installed

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. Dienst date 1/29/02 Installed by: R & H

Improvement Permit by: [illegible] LW date 12-18-01 Operation Permit by: Maria H. Nelson RS date 6/24/03

Authorization to Construct by: [illegible] RS date 1/2/03 Existing System Inspection by: _____ date _____

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