117997

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 225 MRSVL. PIN# ~~4645 59 2253~~ 4645499738.000

OWNER OR CONTRACTOR Diewst Enterprises Inc. PHONE: Business _____ Home _____ DATE Dec 18, 01

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 S. TL Alcove TR Templeton TR Templeton Bay on left past jitney Paul's Lane

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 35/35A LOT AREA 2.7427 + 1.1460 AC SITE CLASS PS SEE DESIGN FLOW 400 gpd L.T.A.R. .3 - .25 SFE35A

Septic Tank: 1000 Gallons; STB 312 Date 5/8/04

Pump Tank: 1000 Gallons; PT 283 Date 5/30/04

Pump Make: Gould Model P102 Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1350 Linear Feet 450

No Lines 5@90 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM-Inventive-25%Red.on

Repair System Description: SAME SFE35A

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

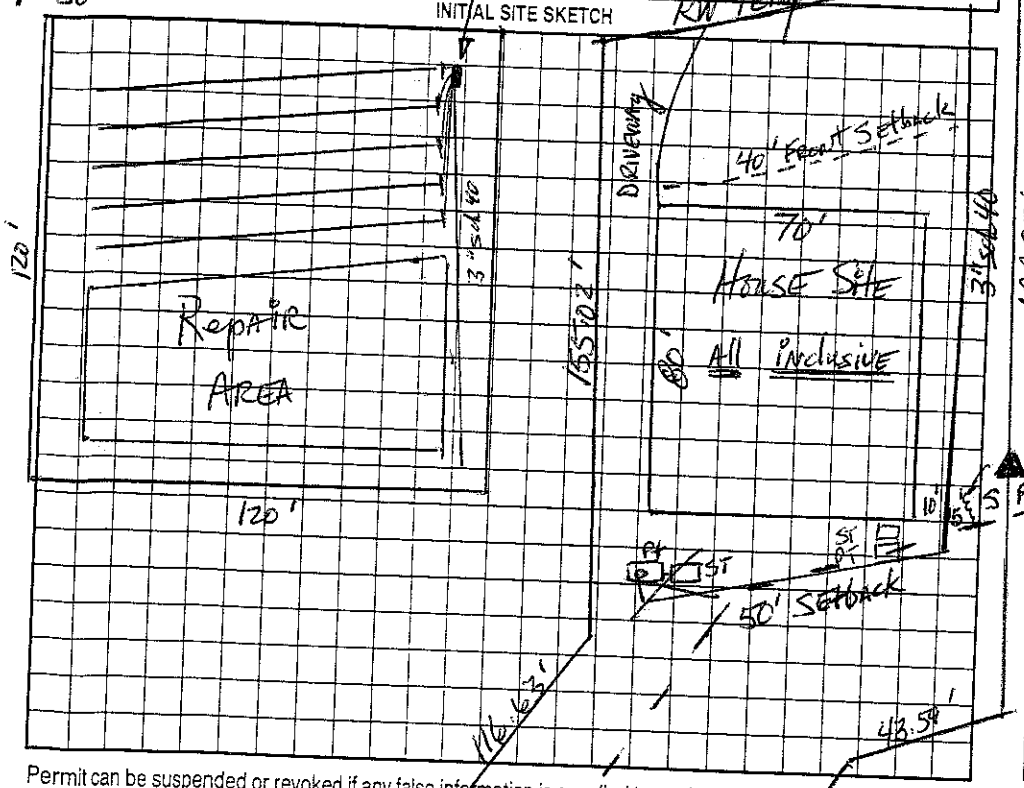
Comments/Conditions:

Remove any old burns in septic field easement.

Comments/Conditions:

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. Diewst date 1/29/02

Improvement Permit by: _____ date 12-18-01

Authorization to Construct by: Wendy Ipock R.S. date 2/10/04

Installed by: Tanks R + H

Operation Permit by: _____ R.S. date 8/4/04

Existing System Inspection by: _____ date _____

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