1248S4

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~225~~ MRSV1. PIN# ~~4645 57 2250~~ 4645-58-0943 DATE Dec 4 01

OWNER OR CONTRACTOR ~~Priest Enterprises~~ 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 Right

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 16 LOT AREA 24,000 ft² SITE CLASS PS Pre 1956 DESIGN FLOW 480 gpd L.T.A.R. ~1.25

Septic Tank: 1000 Gallons; STB 794 Date 12-14-04

Pump Tank: 1000 Gallons; PT 283 Date 12-12-04

Pump Make: Gould Model WE0312MV Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720/1080 Linear Feet 360

No Lines 4@90' Trench Width 24" min 86" Max Trench Bottom Depth 36" Gravel Depth 0A

☑ 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 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

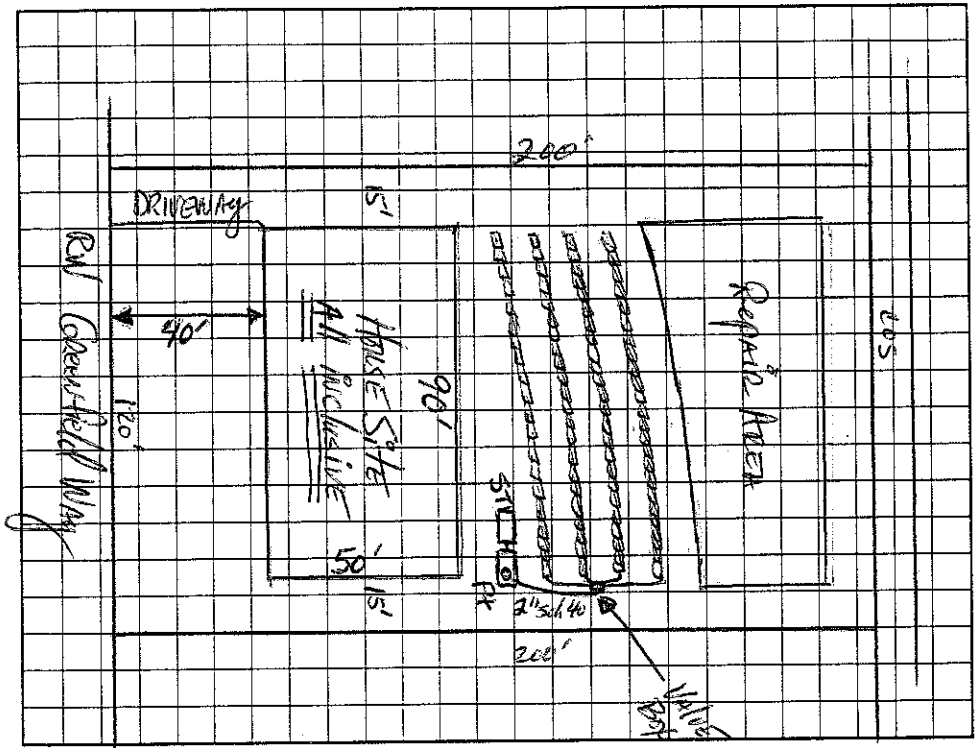
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OR 36" MAX 90 oc

Anti-syphon hole Required between pump and check valve.
DO NOT cut house site. Remove any old burns in Septic system area.

Comments:/Conditions: Checked tanks & lines 1/26/05 MD

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. Triplett date 11/16/02

Improvement Permit by: [signature] RS date 12-4-01

Authorization to Construct by: [signature] RS. date 12/19/04

Installed by: [signature] RS.

Operation Permit by: [signature] date 2/9/05

Existing System Inspection by: _____ date _____

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