IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~2251~~ 06890 MRSW PIN# ~~4645-59-2250~~ 4645-58-1607 DATE Nov. 19, 01

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

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 TL Alcove TR, Templeton TR Templeton Bay on left

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 4 LOT AREA 24,042 Ft² SITE CLASS. PSI 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~2312~~ Date 5-11-02

Pump Tank: 1000 Gallons; PT 283 Date 7-22-02

Pump Make: Meyers Model ME3F Serial No. _____

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

No Lines 4 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ 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" trench 9'oc

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

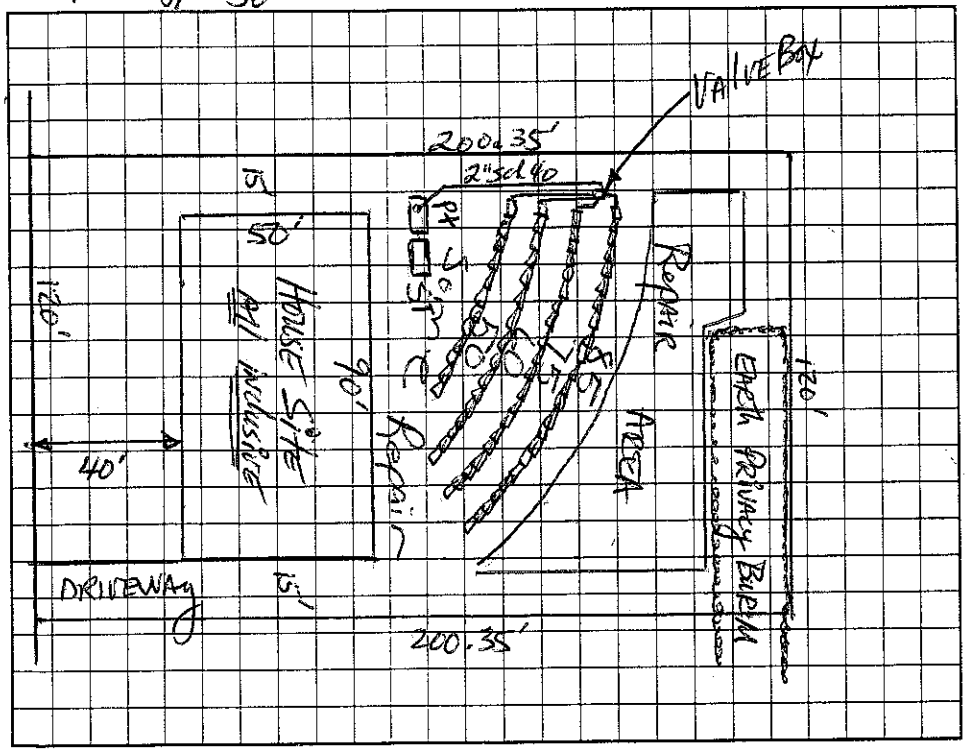
Comments:/Conditions: 3/16" hole drilled

60 Panels used

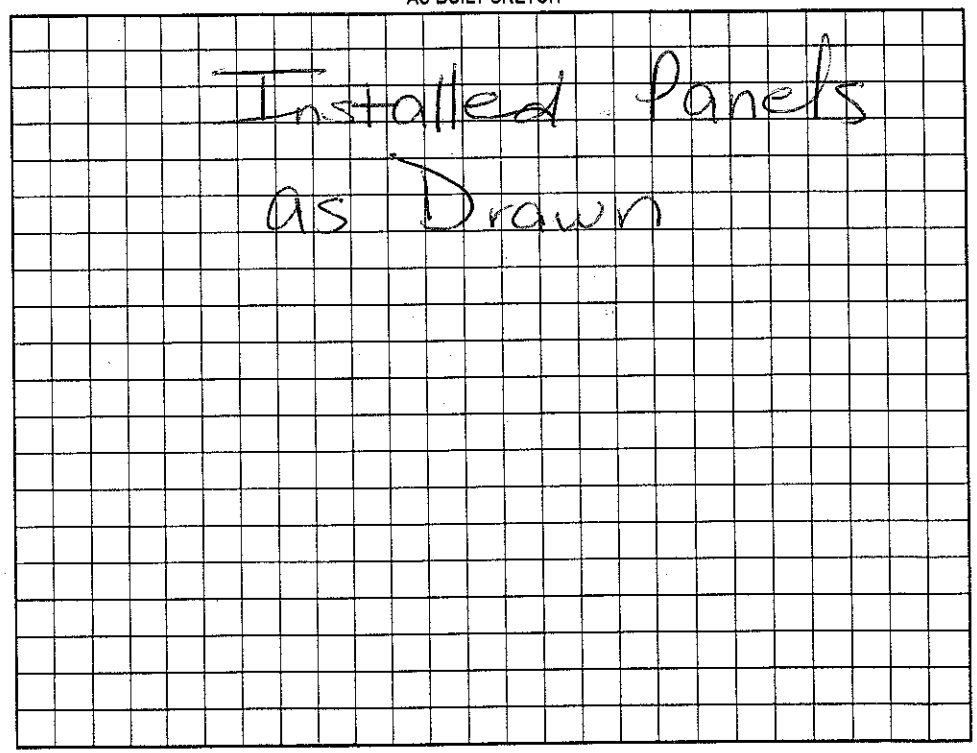
Tanks & lines checked 8/27/02 MD

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. Dienst date 11/16/02

Improvement Permit by: _____ date 11-19-01

Authorization to Construct by: _____ date 5-23-02

Installed by: R & H Dobson KS

Operation Permit by: _____ date 9/18/2002

Existing System Inspection by: _____ date _____

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