124853

2130

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# ~~4645-59-2250~~ 4645-58-1960 DATE Dec 4, 01

OWNER OR CONTRACTOR ~~Dicust Enterprises Inc~~ ST LAWRENCE Homes PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 TL Alcove TR Templeton TR Templeton Bay T2 Greenfield on Right

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 19 LOT AREA 24,000 ft SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-21-04

Pump Tank: 1000 Gallons; PT 283 Date 10-17-04

Pump Make: Goulds Model WE0312M Serial No. _____

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

No Lines 3 Trench Width 24" min/60" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PVBS

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

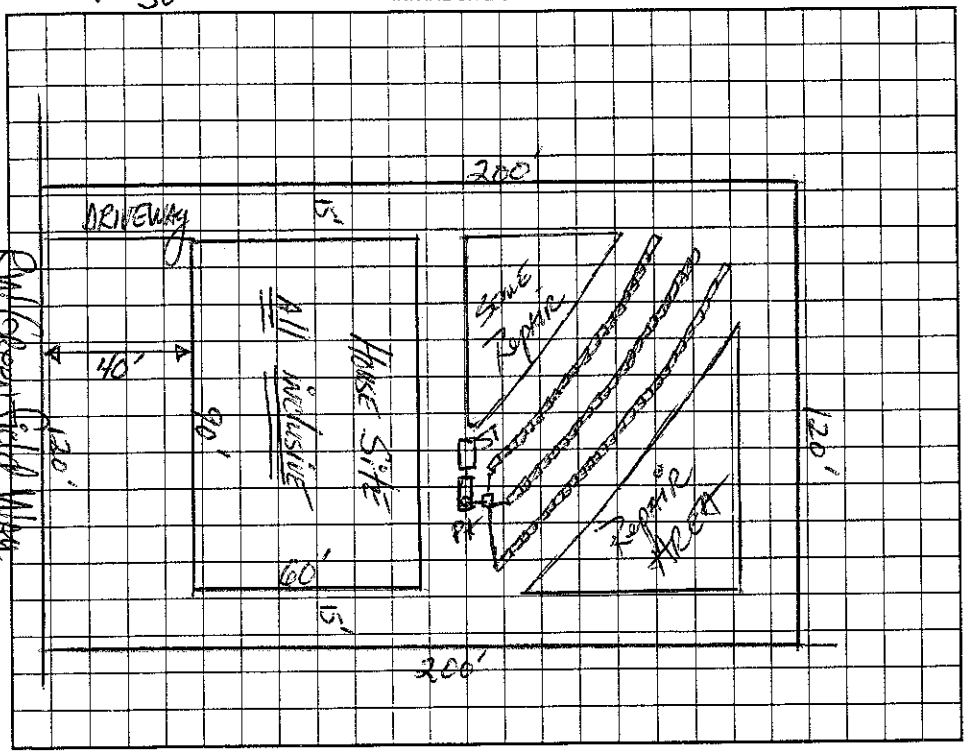
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OR 36" max 96" oc Anti syphon hole Required between pump and check valve. Do not cut house site. Remove old burns in Septic System Area.

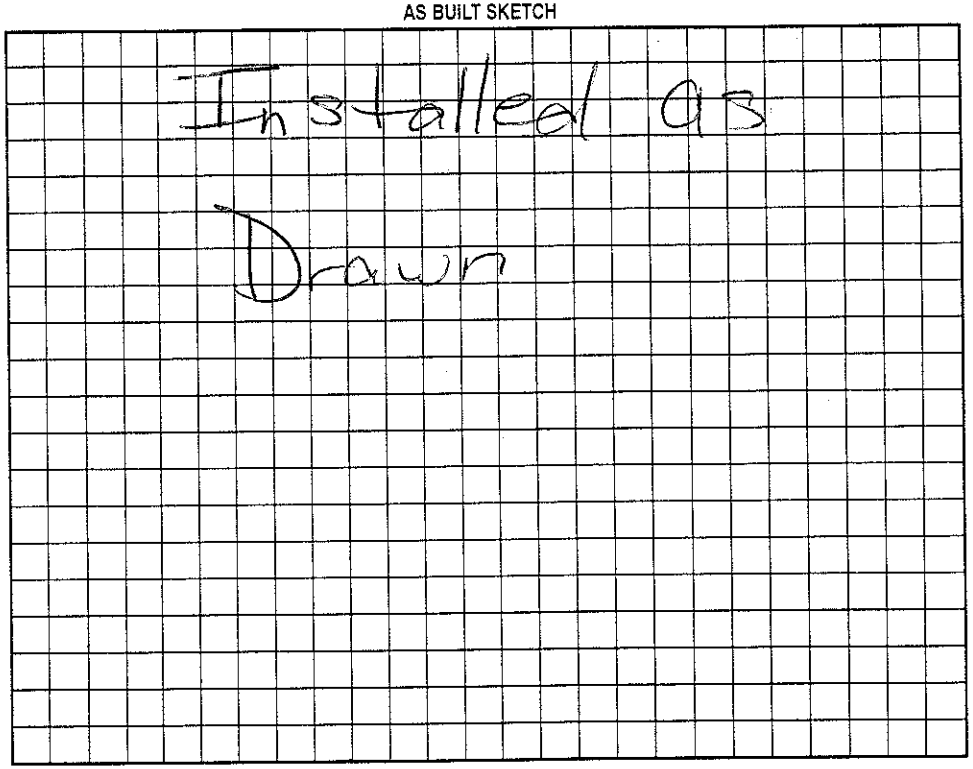
Comments:/Conditions: Checked tanks 1/26/05 Checked lines 1/27/05

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 B. Dicust date 1/16/02

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

Authorization to Construct by: [signature] RS date 12/18/04

Installed by: R&T 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