11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~225~~-101687 Mesvil PIN# ~~4645-57-2252~~ 4645-58-5822 DATE Dec 6, 01

OWNER OR CONTRACTOR Dienst Enterprises Inc. PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr. Mooresville NC 28115

LOCATION 215 TL Alcove TR Templeton TR Templeton Bay TL Greenfield on Right - corner lot

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 22 LOT AREA 31,509 SF SITE CLASS BS PAS2 DESIGN FLOW 480 gpd L.T.A.R. .3 Initial ; .25 Repair

Septic Tank: 1000 Gallons; STB 794 Date 5-13-02
Pump Tank: 1000 Gallons; PT 283 Date 6-30-02
Pump Make: Myers Model ME3F-21 Serial No. 2622900001
Nitrification Field No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 Trench Width 24" min 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP BPS
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No
Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

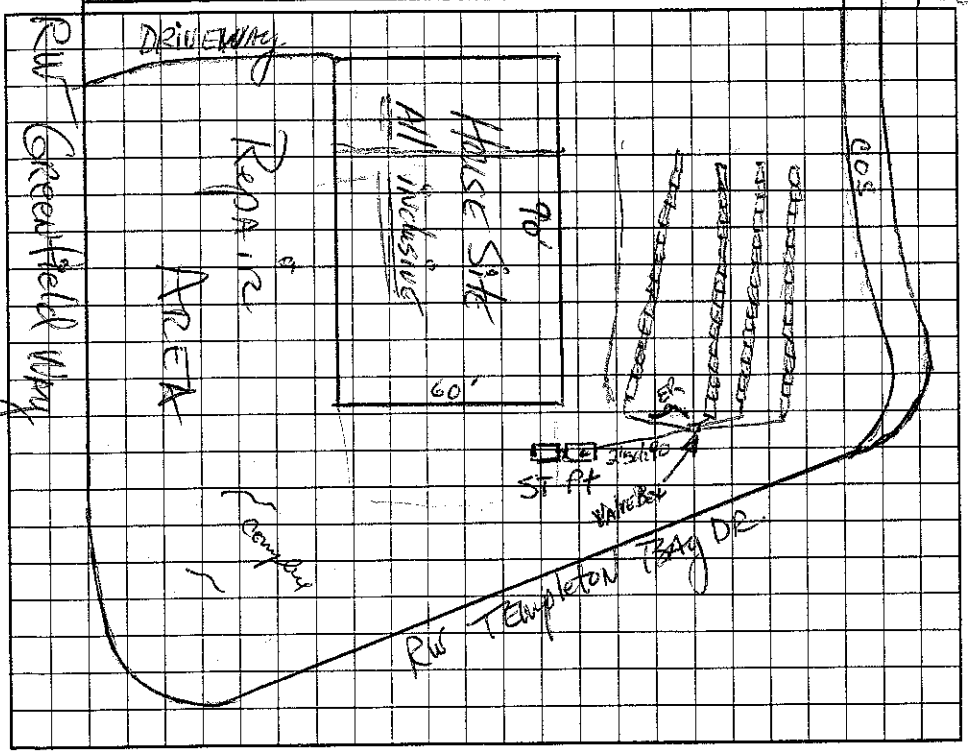
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

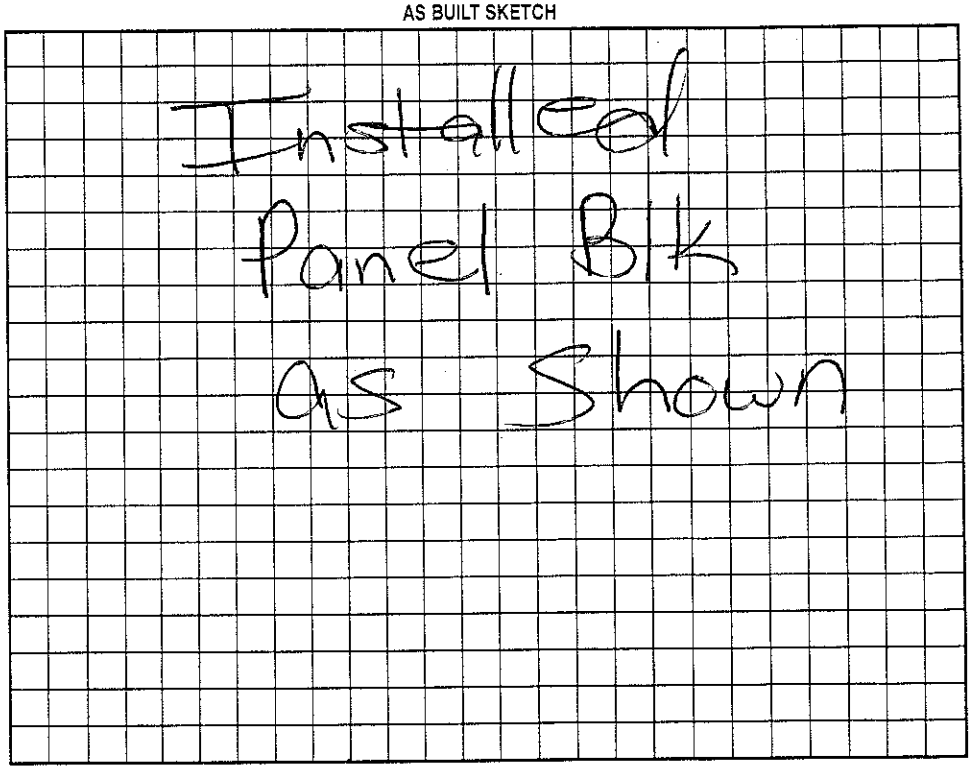
Comments/Conditions: ER 36" Mark 9' oc
Remove any old burms in septic system area

Comments/Conditions: Drilled 5/32" hole
11 Panels per bk 6 Total
~~Filter not installed yet 8/22/02~~

INITIAL SITE SKETCH 200' 1"=30'



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 1/16/02
Improvement Permit by: [signature] date 12-6-01
Authorization to Construct by: [signature] date 5/22/02

Installed by: R & H Dotson RS date 8/27/02
Operation Permit by: [signature] date _____
Existing System Inspection by: _____ date _____

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