106889

IREDELL COUNTY HEALTH DEPARTMENT

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

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

106889

PERMIT# 225 MRSVL PIN# 4645-59-2250 4645 59 0277 DATE Dec 11, 01

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

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 TL Alcove TR Templeton TR Templeton Bay TL ~~Katie Spencer~~ Parkside Ln #1244 Parkside

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 28 LOT AREA 35,238 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8/30/02
Pump Tank: 1000 Gallons; PT 27 Date 6/29/02
Pump Make: Myers Model P102 Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1260 Linear Feet 420
No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM-INNOVATIVE-25% Red
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

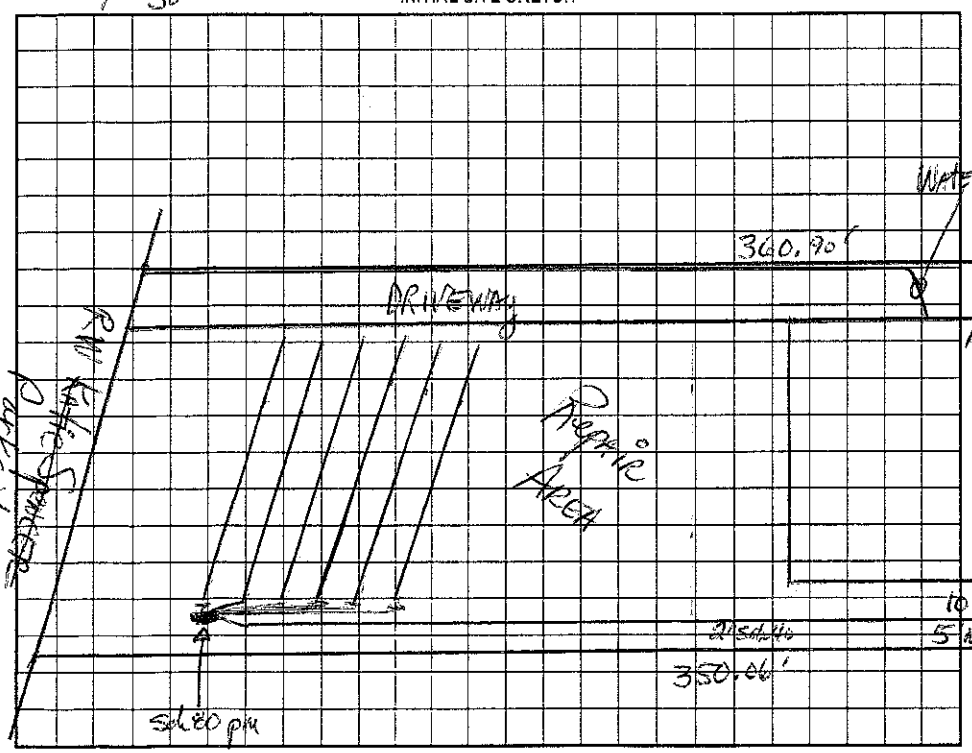
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:
Remove any old burns in septic system area.

Comments:/Conditions:
Note: Soil in trenches moist. Surface was dry. Checked lines 10/1/02 MO
Checked tanks 10/3/02 MO
Checked press, elect & alarm 11/4/02 MO

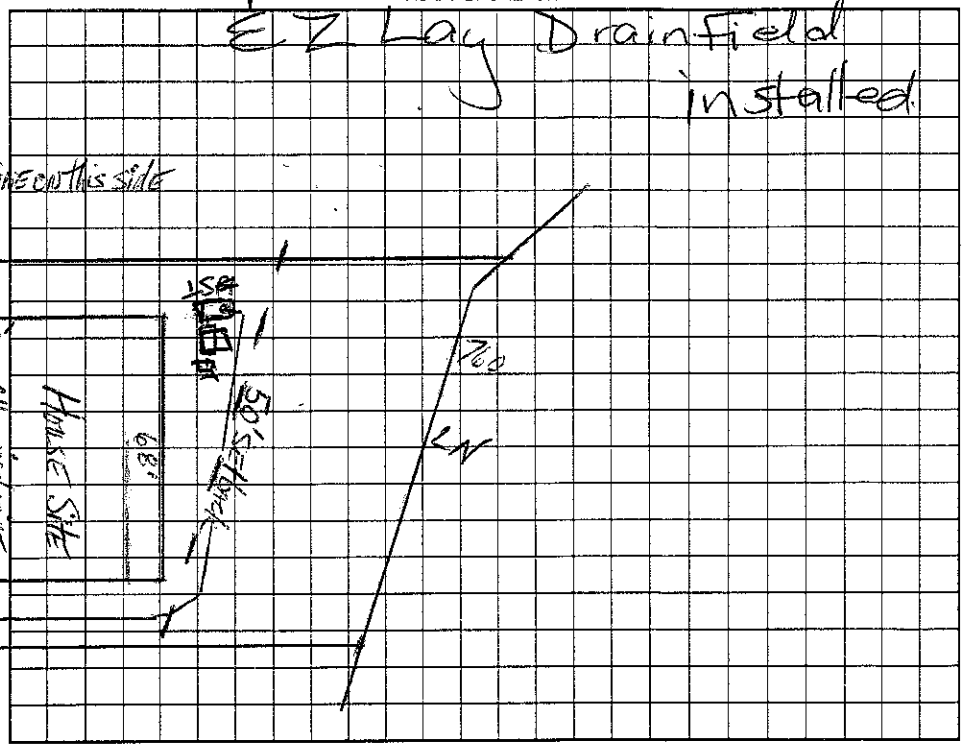
INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

E-Z Lay Drainfield installed.



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 R. Dienst date 1/16/02 Installed by: R & H Inc. RS

Improvement Permit by: David Patterson, RS date 12-11-01 Operation Permit by: Maria H. Dotson RS date 11/4/02

Authorization to Construct by: C. Z. RS date 5/22/02 Existing System Inspection by: _____ date _____

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