124278

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 325.00 Paid MOORESVILLE 704-664-5281

11:32

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

PERMIT# 225 MRSW/ PIN# ~~4645-59-2258~~ 4645-59-2778 DATE Dec 17 01

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

ADDRESS 125 Easton Dr Mooresville N.C. 28117

LOCATION 2 I.S. TL Alcove TR Templeton TR Templeton Bay TR Pauls Lane 1st Lot on left corner Lot

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 50 LOT AREA 30,730 +/- SITE CLASS: PS PW DESIGN FLOW 360 gpd L.T.A.R. 1,225-.25

Septic Tank: 1000 Gallons; STB 794 Date 12-26-01

Pump Tank: 1000 Gallons; PT 283 Date 10-26-01

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 560/840 Linear Feet 280

No Lines 4@70' Trench Width 24" min 8" max Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPP PBPS

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

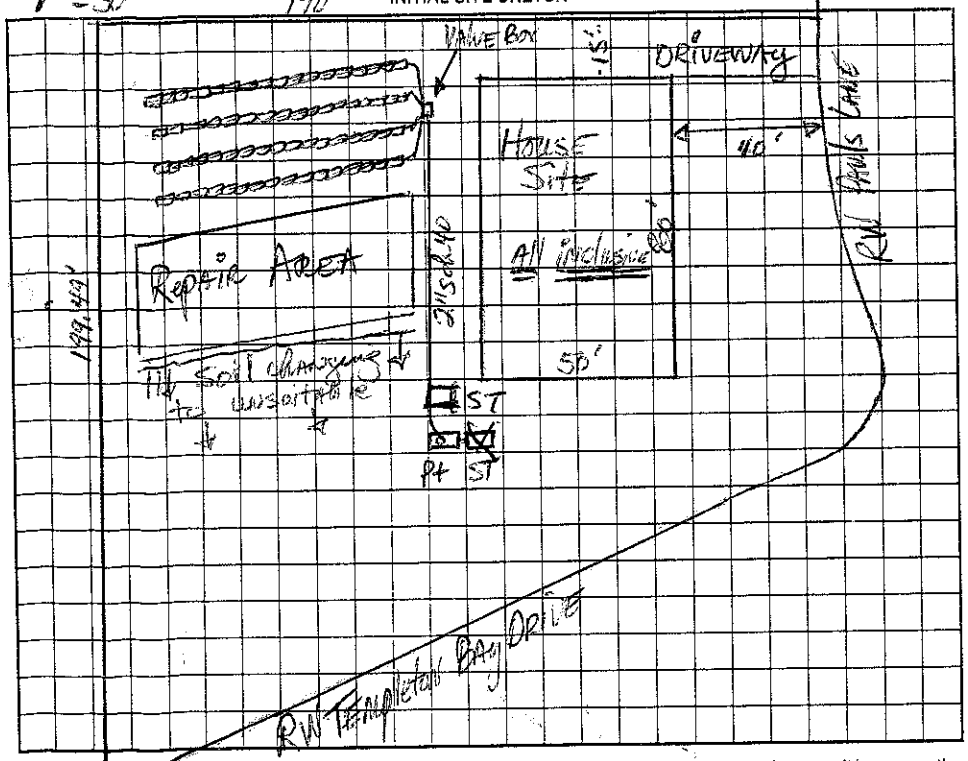
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: OR 36" min 90c

Remove old burns / hedgerow in septic system AREA.

Comments/Conditions: Checked tanks & lines 1/28/05

1" = 50' 190' INITIAL SITE SKETCH



AS BUILT SKETCH

Installed drainlines essentially as Drawn

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 1/29/02

Improvement Permit by: _____ date 12-17-01

Authorization to Construct by: _____ date 10/7/04

Installed by: R & H 704-436-9707

Operation Permit by: _____ date 2/9/05

Existing System Inspection by: _____ date _____

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