123169

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-53[illegible] 325.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 225 MRSD1 PIN# ~~4645-59-2250~~ 4645-59-4813 DATE Dec 17 01

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

ADDRESS 125 Elsten Dr. Mooresville NC 28117

LOCATION 215 TR Alcone TR Templeton/ TR Templeton Bay TR Paul's Lane 2nd lot on left

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 51 LOT AREA 26,600 ± sf SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 312 Date 9-27-04

Pump Tank: 1000 Gallons; PT 27 Date 10-5-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 600/900 Linear Feet 300

No. Lines 5 @ 60' Trench Width 24" min Block or 36" max Spec Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPP205

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

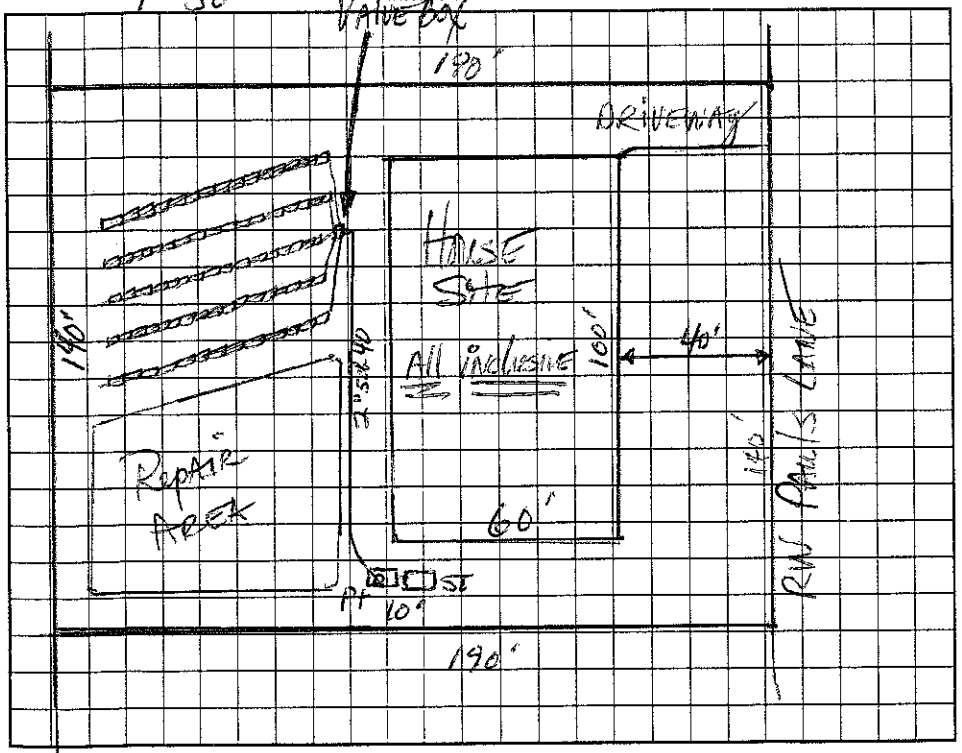
Comments:/Conditions: Remove any old Berms in septic system area. Do NOT cut House site.

Comments:/Conditions: Lines Checked 12/13/04 MS

Pressure, electrical & alarms Checked 12/16/04

INITIAL SITE SKETCH

1"=50'



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 1/29/02

Improvement Permit by: [signature] date 12-17-01

Authorization to Construct by: [signature] date 8/15/04

Installed by: R&H

Operation Permit by: [signature] RS date 12/16/04

Existing System Inspection by: _____ date _____

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