IREDELL COUNTY HEALTH DEPARTMENT

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

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

117806 325.00 Paid 200.

PERMIT# 225 Mod. 2 PIN# ~~4645-59-2253~~ 4645-59-5848 DATE Dec. 17, 01

OWNER OR CONTRACTOR Dicust Enterprises Inc - St Lawrence Homes PHONE: Business _____ Home _____

ADDRESS 125 Oxford DR. Mooresville NC 28117

LOCATION 215 to Alcove TR Templeton TR Templeton Bay TR Pauls Lane 3rd lot on left #52

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 52 LOT AREA 26,600 sq ft SITE CLASS AS 5th FIRST DESIGN FLOW 480 gpd L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 312 Date 3-29-04
Pump Tank: 1000 Gallons; PT 283 Date 3-29-04
Pump Make: Goulds Model 1/3 HP Serial No. _____
Nitrification Field: No Fields 1 Square Feet 700 / 550 Linear Feet 350
No Lines 5@70' Trench Width 24" MIN 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

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

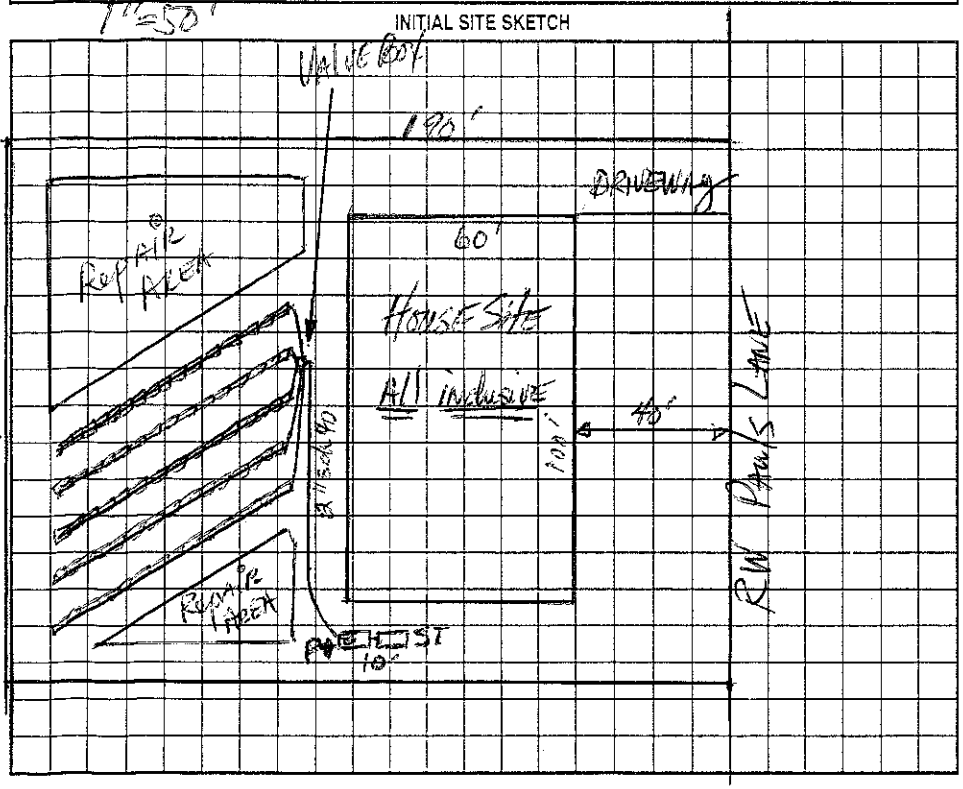
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ~~36" MAX TSC~~
Remove any old burning in septic system area.
Do NOT cut HOUSE SITE.

Comments/Conditions: Reviewed Building plans & site plans, essentially in Compliance with Improvement Permit
3/16" hole drilled

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked tanks, lines, pres., elect & alarm
Installed 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 Dicust date 1/29/02 Installed by: R & H

Improvement Permit by: [signature] RS date 12-17-01 Operation Permit by: Maria H Dotson RS date 5/10/04

Authorization to Construct by: Maria Dotson RS date 1/7/04 Existing System Inspection by: _____ date _____

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