115633

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 225 MRSVL PIN# 4645-59-2250 4646-50-0198 DATE Dec 14, 01

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

ADDRESS 125 Easton Drive Mooresville NC 28117

LOCATION 215 TL Alcove TR Templeton TR Templeton Bay on Right near End

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 46 LOT AREA 30,594 Ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 313 Date 10-24-03
Pump Tank: 1000 Gallons; PT 253 Date 10-28-03
Pump Make: Myers Model ME50 Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1470 Linear Feet 490
No Lines 7@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM Innovative - 25% Red
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No (verbally)

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

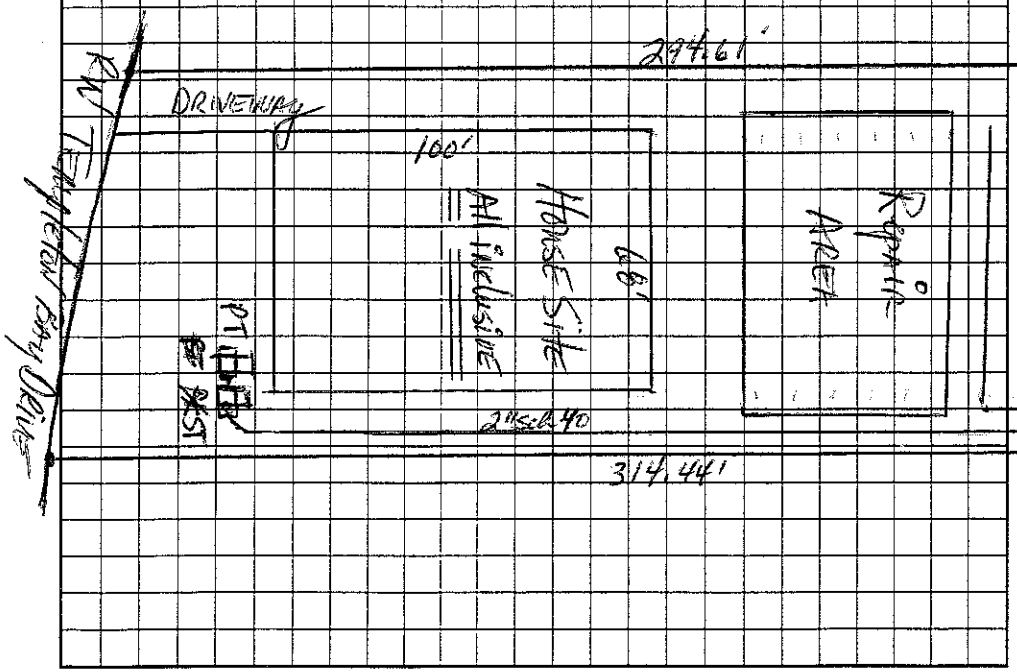
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:
Remove any old burns in septic system area.
Do Not cut around house site.

Comments:/Conditions: Checked tanks & lines 12/2/03 MD

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

Installed EZ Flow Drainfield 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 plan 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 12-14-01

Authorization to Construct by: _____ date 9-3-03

Installed by: R & H

Operation Permit by: _____ date 12/4/03

Existing System Inspection by: _____ date _____

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