#113608

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 225 MRSN1 PIN# ~~4645-54-2250~~ 4646-50-0258 DATE Dec 14, 01

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

ADDRESS 125 Easton Dr. Mooresville NC 28117

LOCATION 215 TL Alcove TR Templeton TR Templeton Pkwy ON Right NEAR end #196

SUBDIVISION Templeton Pkwy BLOCK / SECTION _____ LOT 45 LOT AREA 28,625 sq ft SITE CLASS PSP, 1556 DESIGN FLOW 420 gpd L.T.A.R. N.25

Septic Tank: 1000 Gallons; STB 312 Date 9-7-03

Pump Tank: 1000 Gallons; PT 283 Date 9-22-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 680/1020 Linear Feet 340

No Lines 5 Trench Width 24" Min 8" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ 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: ER 36" MAX BOL

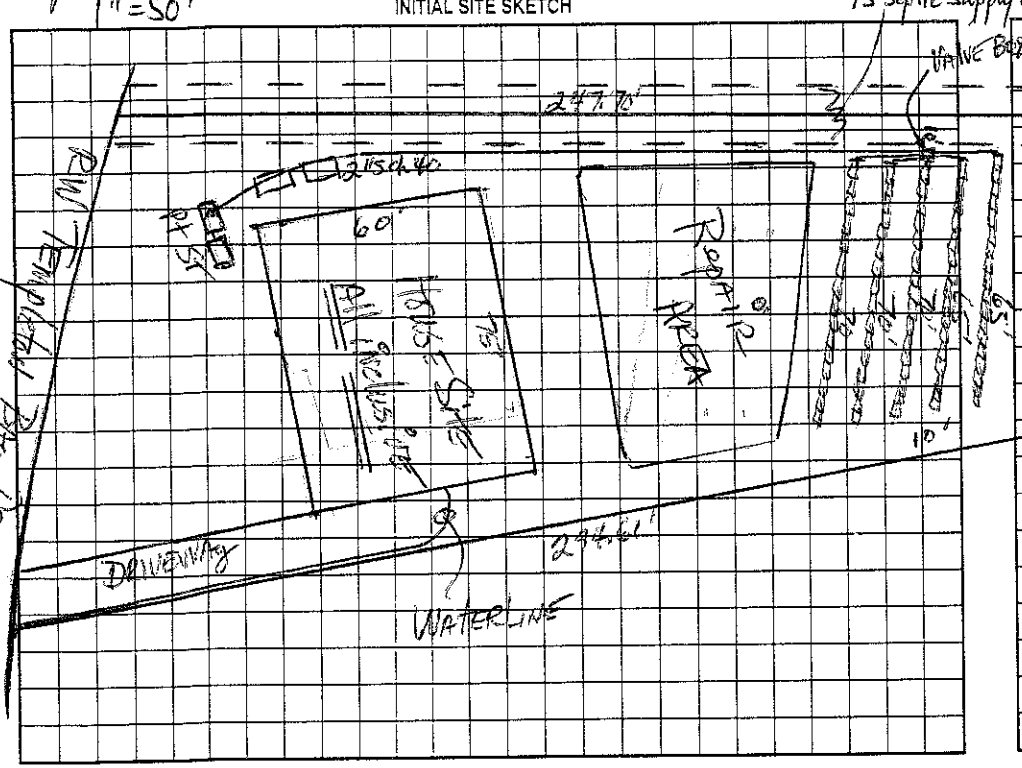
Remove any old berms in septic system area. DO NOT cut around house site. Backfill as needed against foundation to provide positive drainage.

Comments:/Conditions: 3/16" hole drilled

Checked lines 10/24/03 no pressure, elect & alarm 11/3/03

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 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 Dignet date 1/29/02 Installed by: R & H

Improvement Permit by: Wanda Coffman, RS date 12-14-01 Operation Permit by: Marvin H Dotson RS date 11/3/03

Authorization to Construct by: [signature] RS date 7/25/03 Existing System Inspection by: _____ date _____

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