IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 238 70 DATE 5/27/97 TAX MAP NO. pt of 2NA 20 4627397844 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR (C) SCOTT AND DONNA CHAMBERLAIN PHONE: Business 535-1500 Home

ADDRESS KASE CORPORATION - PO BOX 18928 CHARLOTTE

LOCATION 150 W. TL MARINER PT LN - ON RT AT CUL-DE-SAC 360 GPD

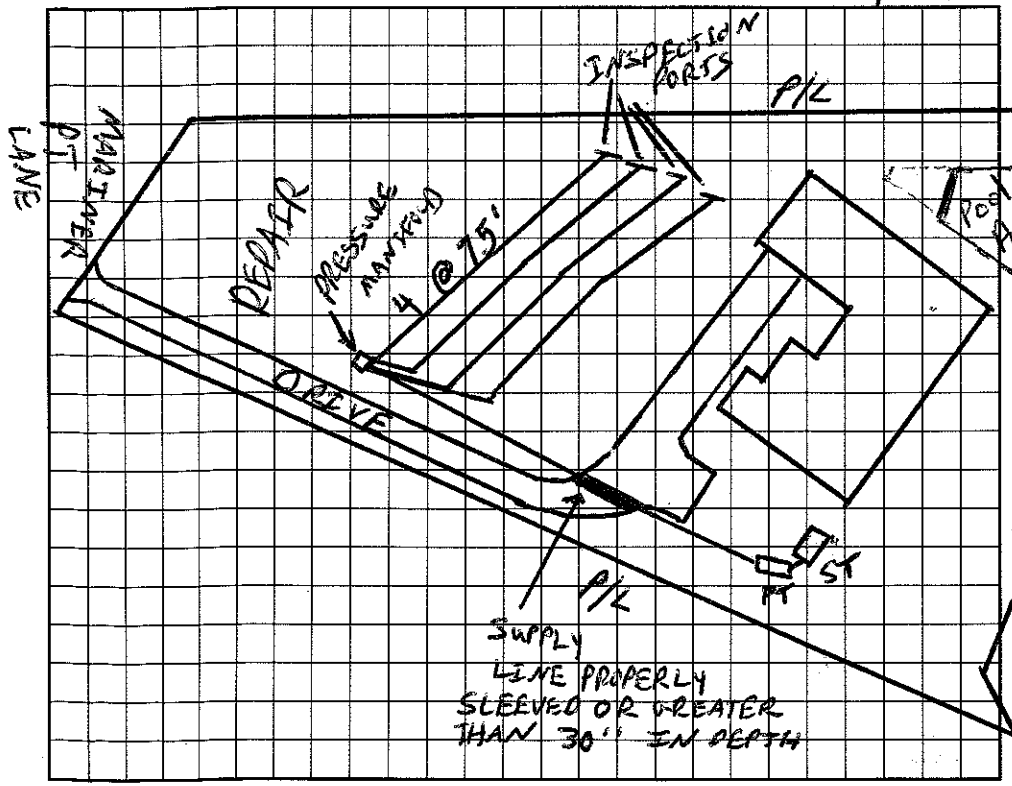
SUBDIVISION PINNACLE SHORES BLOCK / SECTION III LOT 14 LOT AREA .934C SITE CLASS. PS DESIGN FLOW ~~480 GPD~~ L.T.A.R. .3 GPD/Ft

Septic Tank: 1000 Gallons;	STB 794	Date 2/5/98	☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI	☑ House/Mod. Home	No. Bedrooms 3	Water Supply:
Pump Tank: 1000 Gallons;	PT 27	Date 2/16/98	System Description: PUMP CHAMBER OR SIMILAR	☐ Mobile Home	No. Bathrooms 3	☐ Individual
Pump Make: HYDROMATIC	Model SK60A1	Serial No.	Repair System Description: PUMP PANEL	☐ Business	No. Employees	☑ ~~Community~~
Nitrification Field: No Fields 1	Square Feet 900	Linear Feet 300	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other		☐ Public
No Lines 4 @ 75'	Trench Width 36"	Max Trench Bottom Depth 36"	Gravel Depth N/A	☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing		

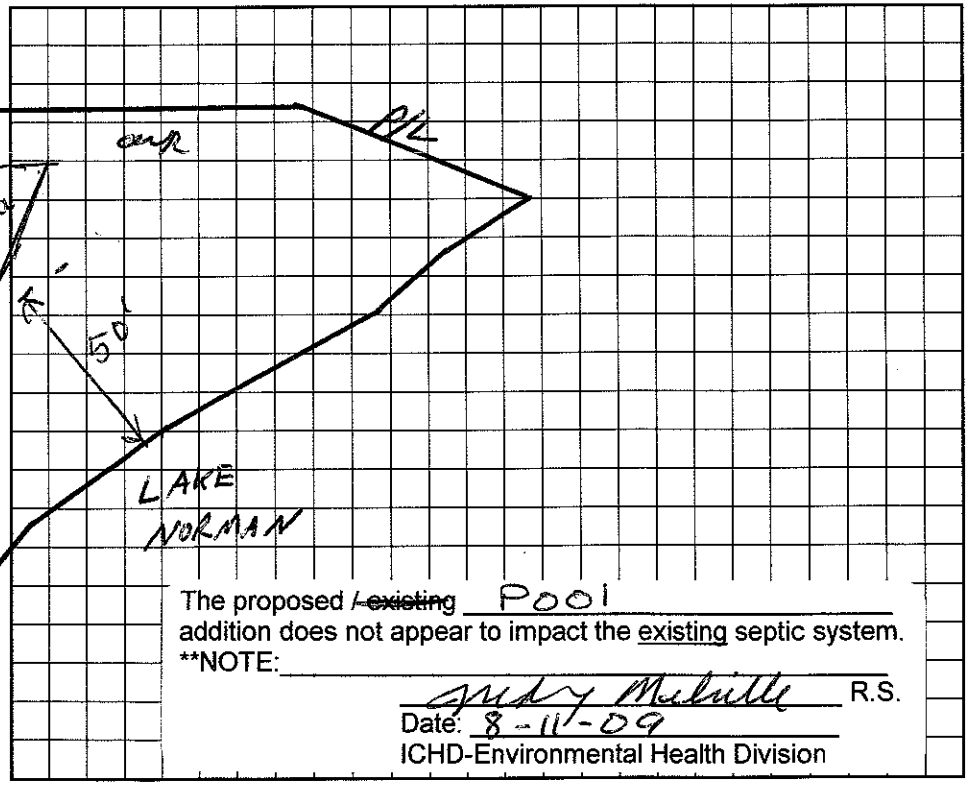
Comments: IF CHAMBER SYSTEM IS USED, FILL ON THE SIDE OF CHAMBER W/ SAND AND INSTALL INSPECTION PORTS AT END OF EACH LINE

Comments: partial LINES, PRESSURE, tanks checked

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



The proposed ~~existing~~ Pool addition does not appear to impact the existing septic system.

**NOTE:

Judy Melville R.S.

Date: 8-11-09

ICHD-Environmental Health Division

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Donna Chamberlain

Installed by: OPERATOR

Improvement Permit by: C. Ray Zimmerman date 5/27/97

AUTHORIZATION TO ~~Existing System Inspection by:~~ CONSTRUCT C. Ray Zimmerman date 5/27/97

Certificate of Completion by: date

Operation Permit by: C. Ray Zimmerman date 2/20/98

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