11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107374 PIN# ~~4627-90-7412.332~~ 4627909669 DATE 2-20-03

OWNER OR CONTRACTOR Pinnacle Homes PHONE: Business _____ Home _____

ADDRESS 761 Beaten Path Rd. Mooresville, NC 28117

LOCATION Brawley School Rd to TR Blume TL Beaten Path TL Cicero TL Shavenders, TL Palmer Marsh TL Archbell PL

SUBDIVISION Shavender's Bluff BLOCK / SECTION 3 LOT 332 LOT AREA .70 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-14-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: LR Pump - Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

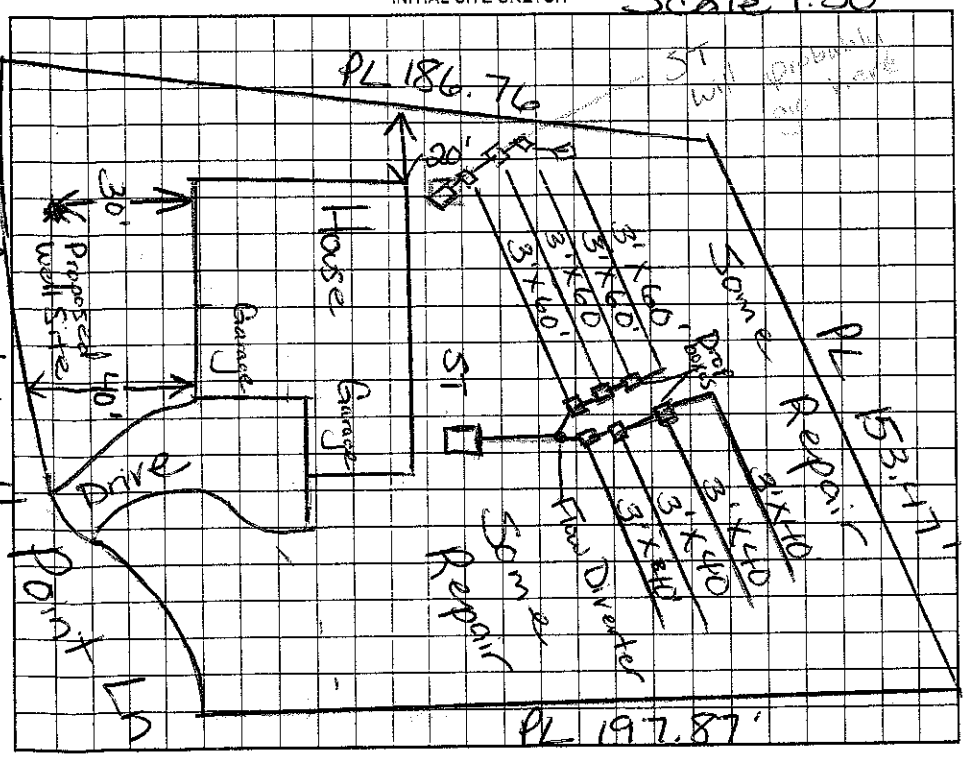
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' from well.

Comments:/Conditions: Okay to do 4-100' lines if Contour can be maintained across lot. Yellow Filter installed

INITIAL SITE SKETCH Scale 1:50'



AS BUILT SKETCH

Installed 4-100' "Plastic Chamber" lines

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: David Bowen date _____

Improvement Permit by: Maria H. Dotson RS date 2/20/03

Authorization to Construct by: Maria H. Dotson RS date 2/20/03

Installed by: R Steven Jordon

Operation Permit by: Maria H. Dotson RS date 8/27/03

Existing System Inspection by: _____ date _____

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