IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14059 PIN# 4628 30 9275 DATE 5/8/07

OWNER OR APPLICANT ROGER LEONARD PHONE: Business _____ Home 704-799-3035

ADDRESS 165 MARINER POINT LN MOORESVILLE, NC. 28117

LOCATION 150 IN TL MARINER POINT, NEXT TO LAST ON L B4 CUL DE SAC

SUBDIVISION PINNACLE SHORES BLOCK / SECTION 3 LOT 19 LOT AREA .95 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-19-10
Pump Tank: 1000 Gallons; PT 502 Date 4-11-10
Pump Make: ZOELLER Model BN152 Serial No. .4HP
Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280
No Lines 4@70' Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI
System Description: LP - 16" PPBPS
Repair System Description: SAME
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Persons ____
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [ ] Individual [ ] Public [X] Community

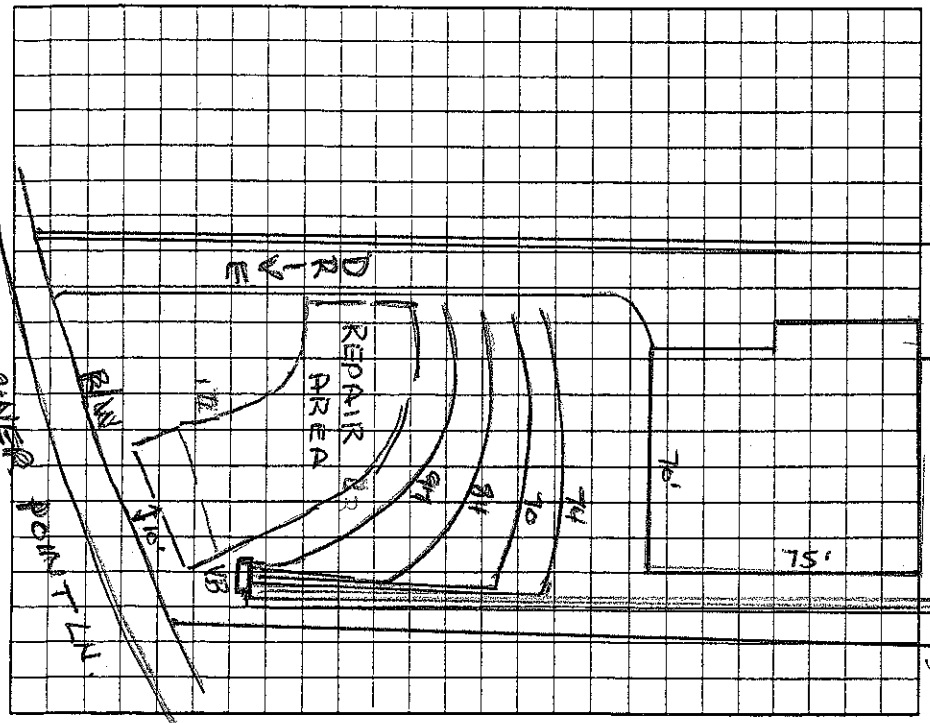
Gravel Depth NA [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: 6/29/2010 Lines, tanks & pressure checked by BA

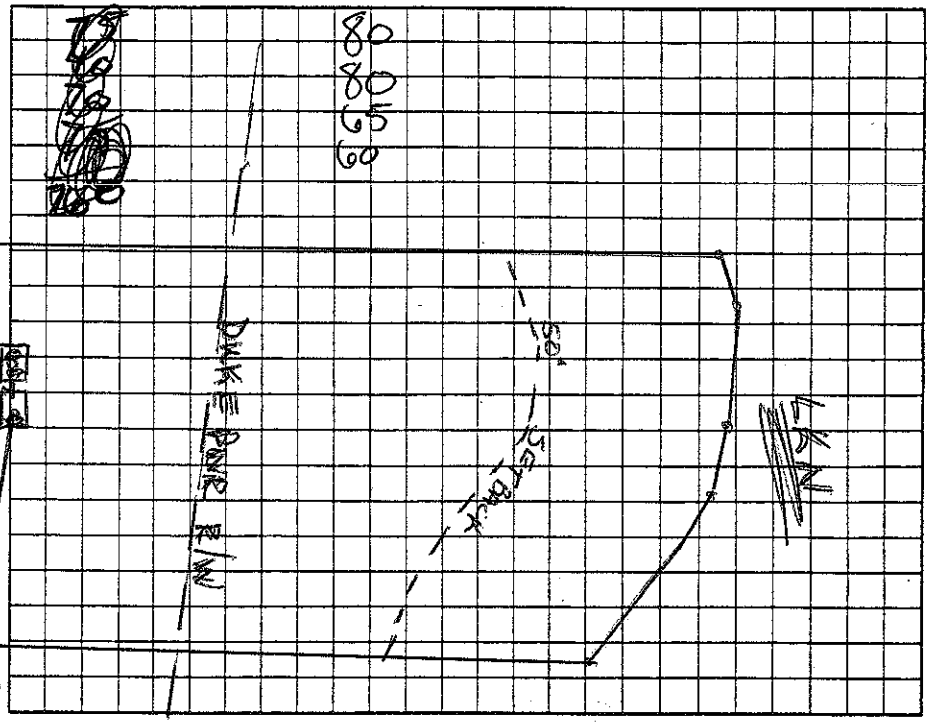
Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] date 5/9/07

Improvement Permit by: Wesley Sparks RS date 5/7/07

Authorization to Construct by: [signature] REHS date 4-14-10

Installed by: Rowan Septic REHS

Operation Permit by: Marion Dotson date 7/27/2010

Existing System Inspection by: _____ date _____

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