IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24532 PIN# 2N-A-20 PT DATE 2/3/2000

OWNER OR CONTRACTOR Crescent Resources / Dana Black PHONE: Business (910) 790-4748 Dana Pager Home 892-5788

ADDRESS P.O. Box 1003 Charlotte, NC 4628-40-0315

LOCATION Hwy 150 W TL Mariner Pt 6th lot on left.

SUBDIVISION Pinnacle Shore BLOCK / SECTION III LOT 20 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 312 Date 7/3/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 532
No Lines 7 at 76' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

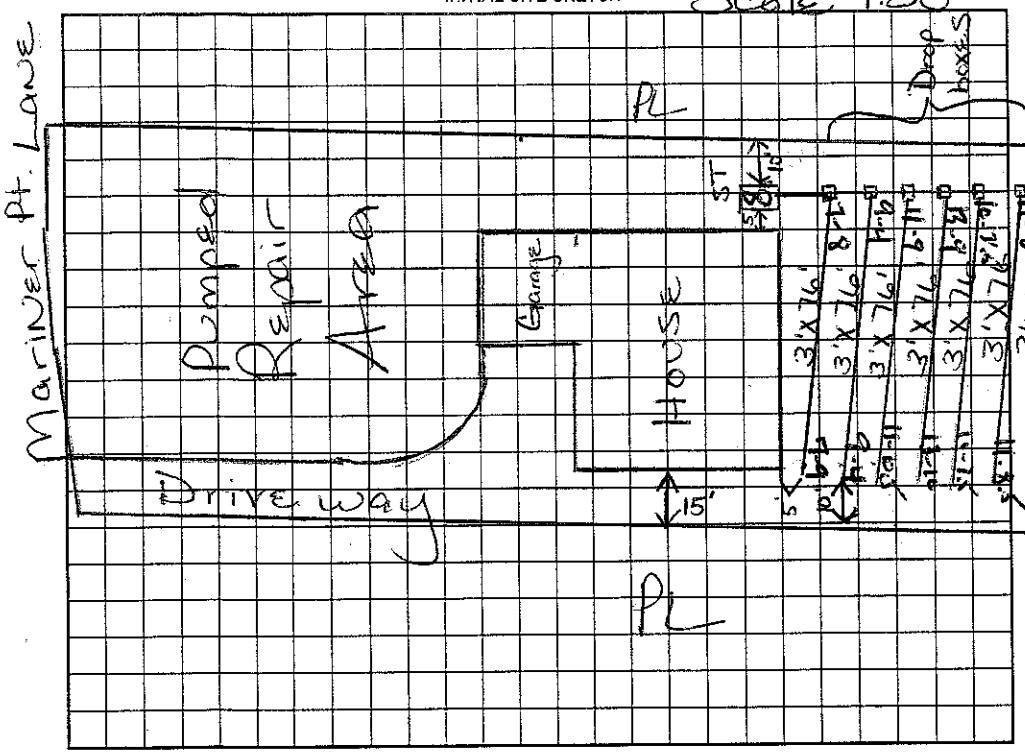
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

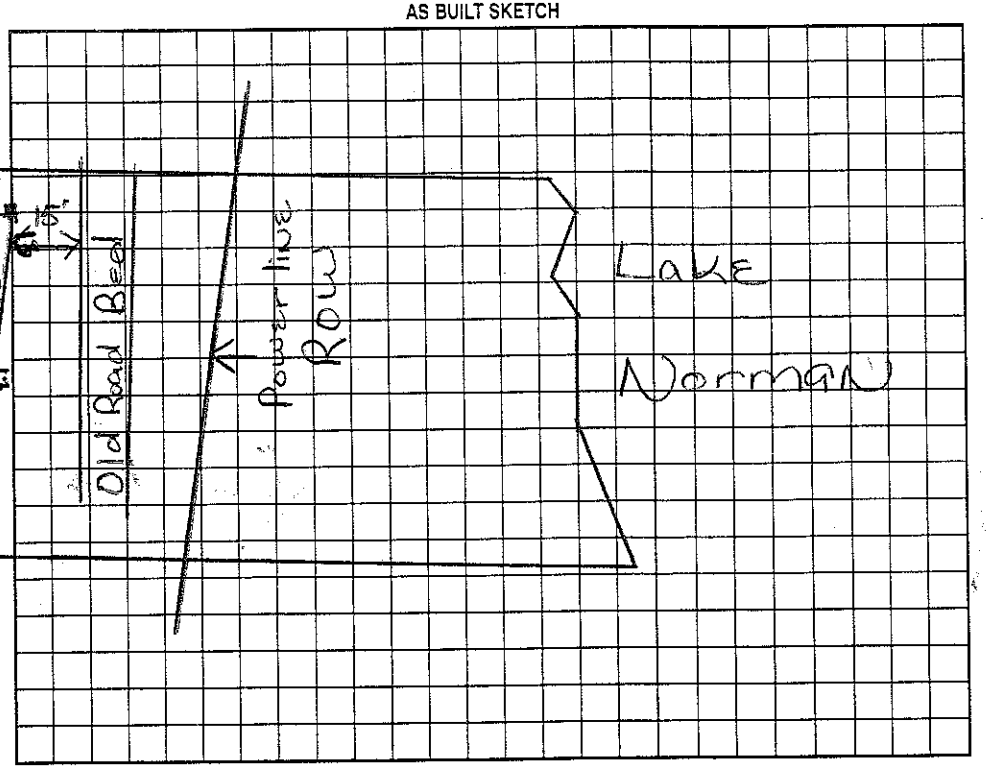
Comments/Conditions: Keep Septic System at least 10' from PL, 5' From house, 50' From lake & 15' From Old Rd Bed.

Comments/Conditions: Replaces permit issued 12/23/96

INITIAL SITE SKETCH Scale 1:50



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: _____ date 2/4/00 Installed by: F J Ervin

Improvement Permit by: Maria H. Dolgan RS date 2/3/2000 Operation Permit by: Wesley Sparks RS. date 8/18/00

Authorization to Construct by: Maria H. Dolgan date 2/3/2000 Existing System Inspection by: _____ date _____

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