IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 165435 PIN # 4628-40-2750 DATE 3-8-11

OWNER or APPLICANT LINDA McNAMARA PHONE: Business 704-907-4402 Home:

OWNER or APPLICANT ADDRESS 125 MARINER POINTE LN MOORESVILLE 28117

LOCATION / DIRECTIONS 150, IL MARINER POINTE

SUBDIVISION PINNACLE SHORES BLOCK / SECTION 3 LOT # 24 LOT AREA .81 AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 518 Date 4-13-11

Pump Tank 1000 Gallons: PT 27 Date 4-10-11

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines ____ Linear Feet ____

Trench Width ____ Max. Trench Bottom Depth EXISTING Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: MOVE TANKS

Repair System Description: PANEL

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☒ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

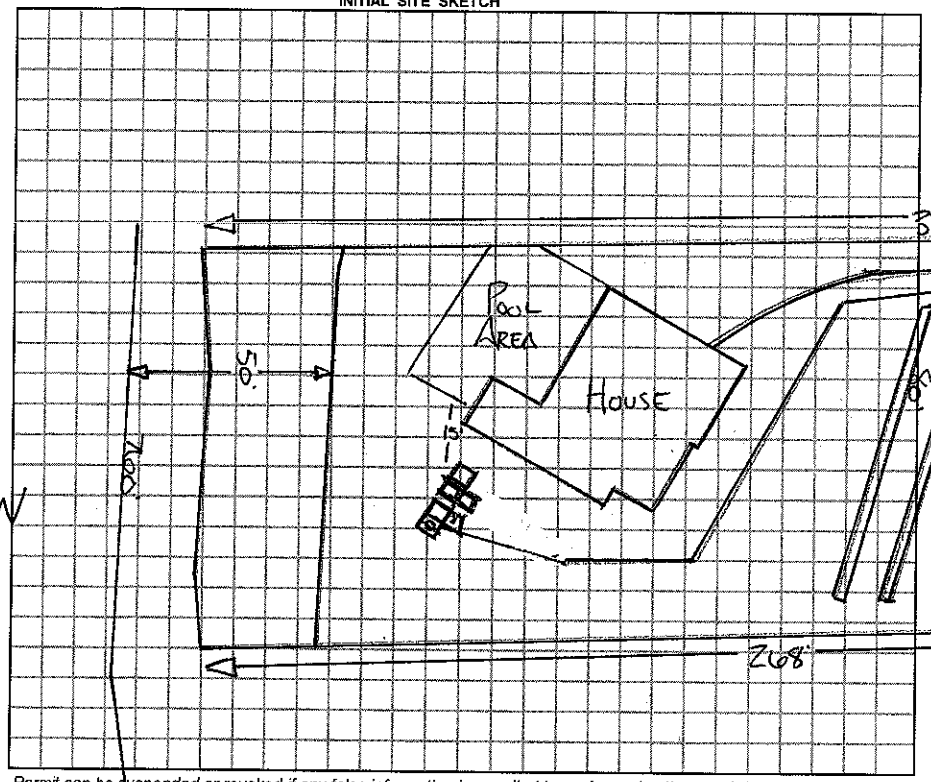
Water Supply: ☐ Private ☐ Public ☐ Community

Pool

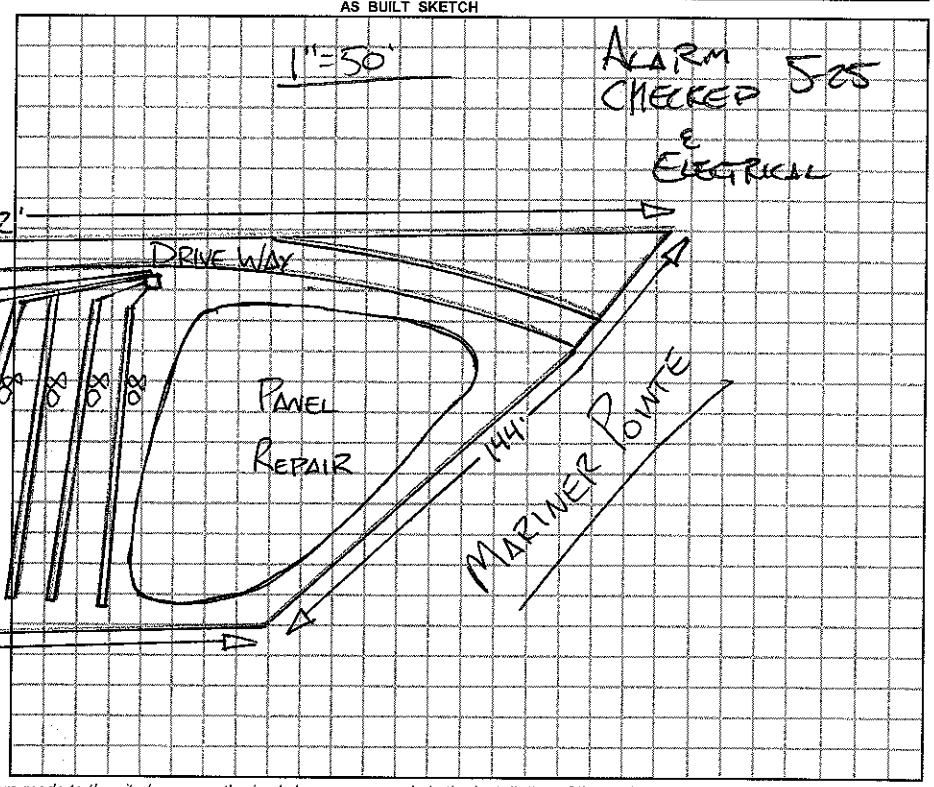
Comments / Conditions (1) INSTALL TANKS AS SHOWN (2) IF EXISTING TANKS ARE MOVED ENV. HEALTH NEEDS TO RE ONSITE

Comments / Conditions

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Linda McNamara Date 3/8/11

Improvement Permit by: RA Ellis REHS Date 3-8-11

Authorization to Construct by: RA Ellis REHS Date 3-8-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: LARRY HENKLE

Operation Permit by: RA Ellis REHS Date: 5-25-11

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant