IREDELL COUNTY HEALTH DEPARTMENT

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

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

Paid 50.00 2:00

PERMIT# 077066 PIN# 4628402750 DATE 11-15-2000

OWNER OR CONTRACTOR Crescent Resources — Gemini Homes PHONE: Business 202-3618 Zack Mamillan Home

ADDRESS P.O. Box 1003 Charlotte, NC 28210

LOCATION Hwy 150 W. to Mariner Pt ON left (2nd house)

SUBDIVISION Pinnacle Shoes BLOCK / SECTION 3 LOT 24 LOT AREA .81 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 525 Date 10-5-00

Pump Tank: 1000 Gallons; PT 302 Date 11-14-00

Pump Make: Gouids Model WED3114 Serial No ~~IR 5020648~~

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

No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Pump-PM- 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

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

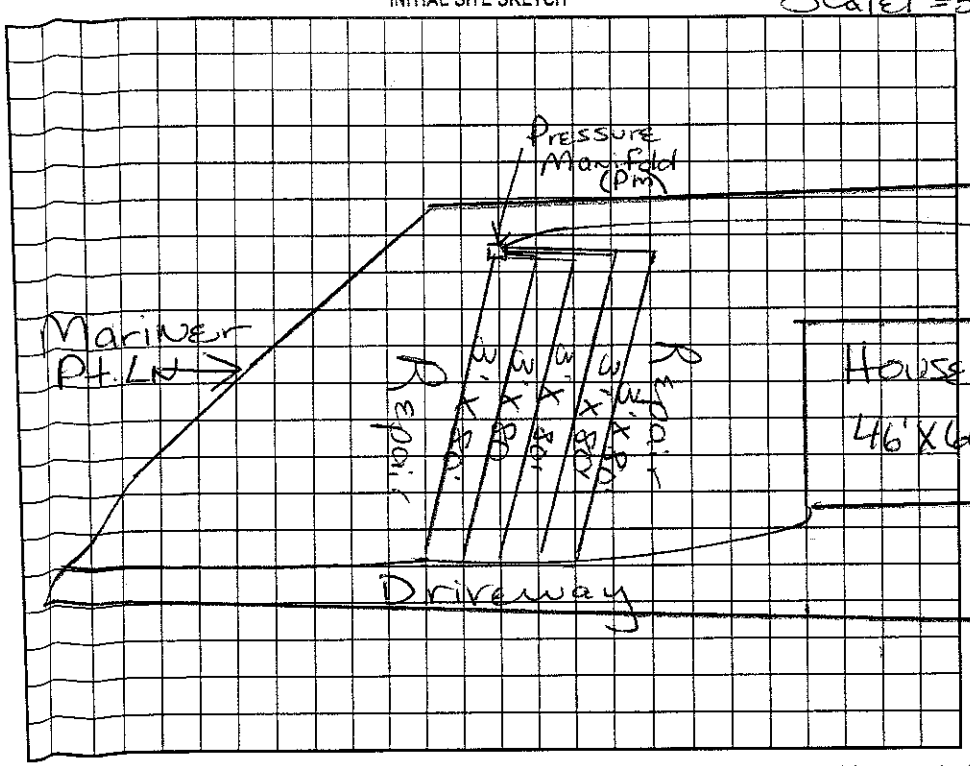
Comments:/Conditions: Keep Septic System at least 10' From PL & 50' From lake

502578821

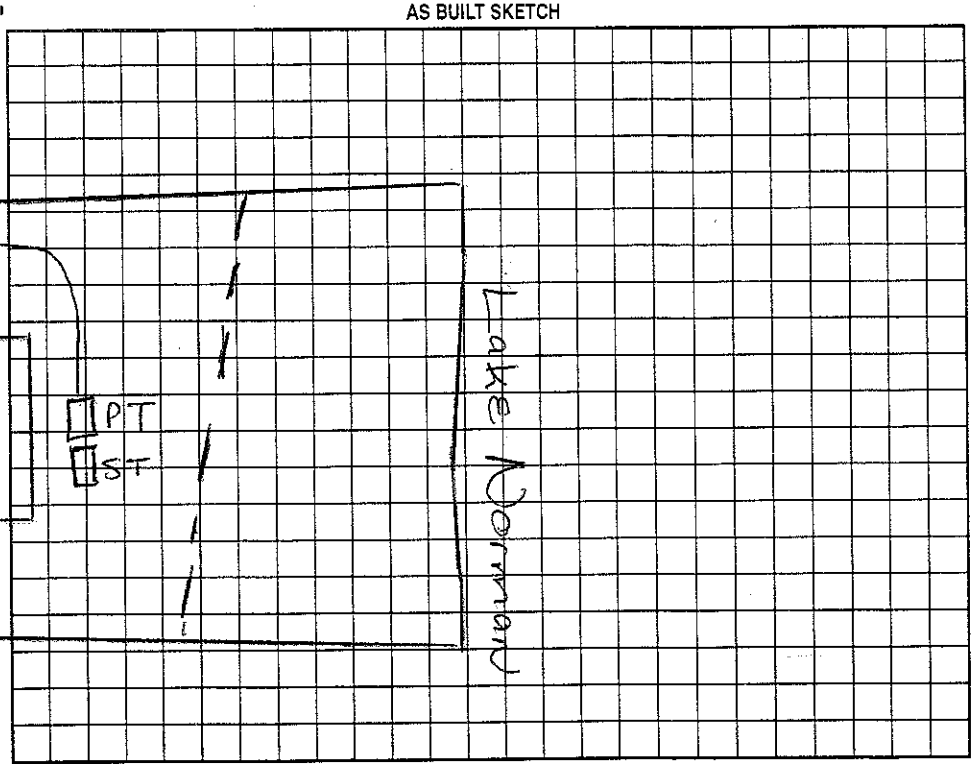
Comments:/Conditions: Polylok filter installed partial

Checked tanks & lines 1/10/2001 MD

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: Zachary Thornton date 12/18/00 Installed by: Robert & Perry Lavey

Improvement Permit by: Maria H.H. Dotson R.S. date 11/15/2000 Operation Permit by: Maria H.H. Dotson R.S. date 1/31/2001

Authorization to Construct by: Maria H.H. Dotson R.S. date 11/15/2000 Existing System Inspection by: ____ date ____

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