IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 215.00 Paid MOORESVILLE 704-664-5281 2.00

PERMIT# 075662 PIN# ~~4726-88-9970~~ 4628-40-7333 DATE Nov. 21, 00

OWNER OR CONTRACTOR Prestige Bld Co. II / John & Linda Melius PHONE: Business _____ Home _____

ADDRESS P.O. Box 749, Troutman, NC 28166 II P.O. Box 749 Mooresville 28115

LOCATION 150 W. on Highlander Dr. TR on Camp Ln. at end

SUBDIVISION Pinnacle Shores BLOCK / SECTION 4 LOT 220 LOT AREA .668 Ac. SITE CLASS PS pre 1996 DESIGN FLOW 480 gpd L.T.A.R. w, 3

Septic Tank: 1000 Gallons; STB 10 12 Date 10/9/00

Pump Tank: 1000 Gallons; PT 17 Date 10/2/00

Pump Make: Little Giant Model 4 E M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4@70 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ, V, VI

System Description: LP Panel Block

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

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

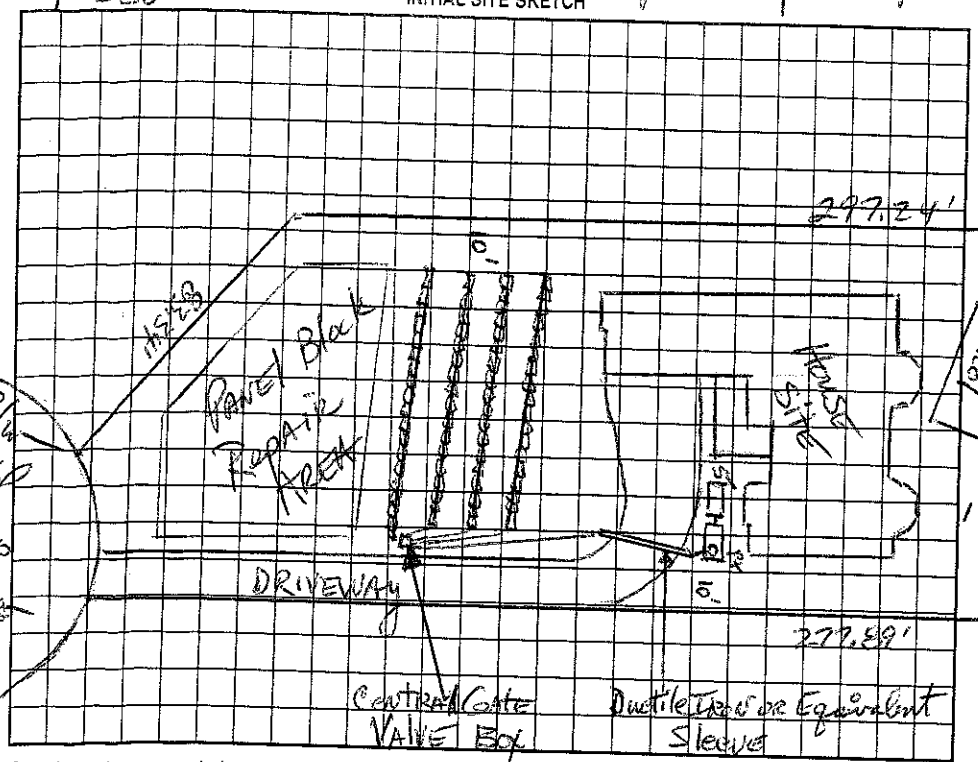
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

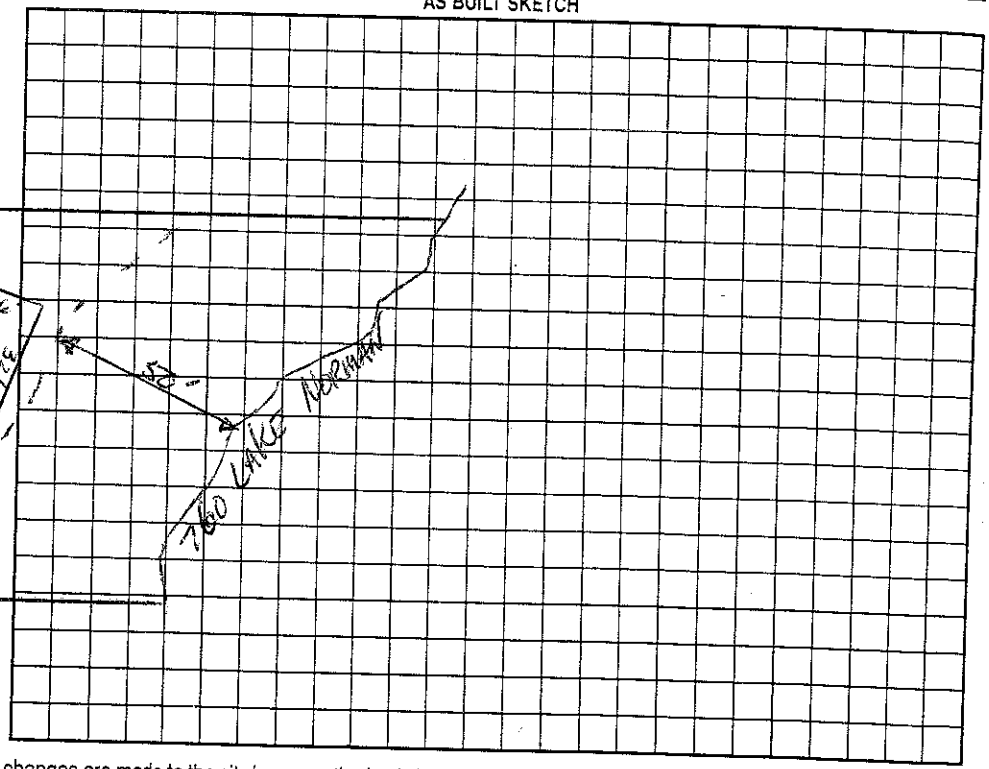
Water Line must be installed within one foot of either side property line. Maintain 10' minimum between water line and septic system. This permit replaces permit # F-12-11-98 issued to CRI

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: _____ date 11-22-00 Installed by: Statesville Backhoe

Improvement Permit by: _____ date 11-21-00 Operation Permit by: _____ date 5/31/01

Authorization to Construct by: _____ date 11-21-00 Existing System Inspection by: _____ date _____

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