IREDELL COUNTY HEALTH DEPARTMENT

(4.00) - (400) Paid 125.00 3-28-00

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

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

PERMIT# 088085 PIN# 4628 41 9912 DATE 3/25/2000

OWNER OR CONTRACTOR David Ramsey PHONE: ~~Business~~ 735-5865 Home 799-9663 WK

ADDRESS 111 South Grove St. Lincolnton NC 28092

LOCATION Hwy 150 W - TR Pinnacle Ln 3rd lot on right

SUBDIVISION Pinnacle Shores BLOCK / SECTION III LOT 30 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 794 Date 9/16/00
Pump Tank: 1000 Gallons; PT 27 Date 2/9/00
Pump Make: HYDROMATIC Model SHEF 50A1 Serial No. 8/00
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8 at 50' 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: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

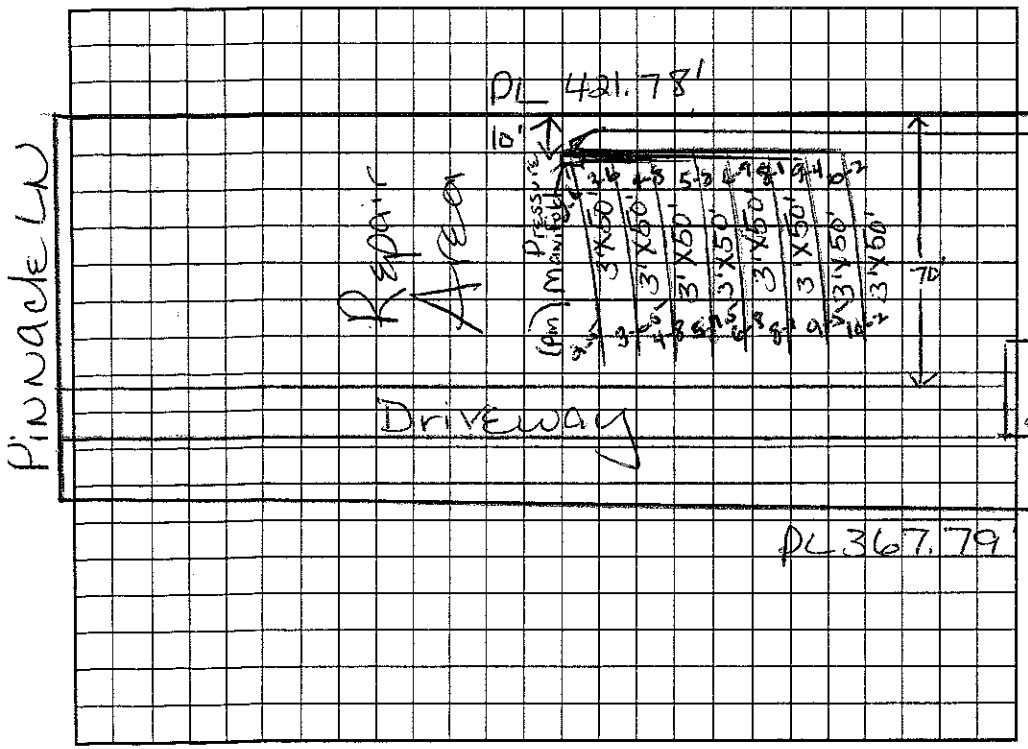
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

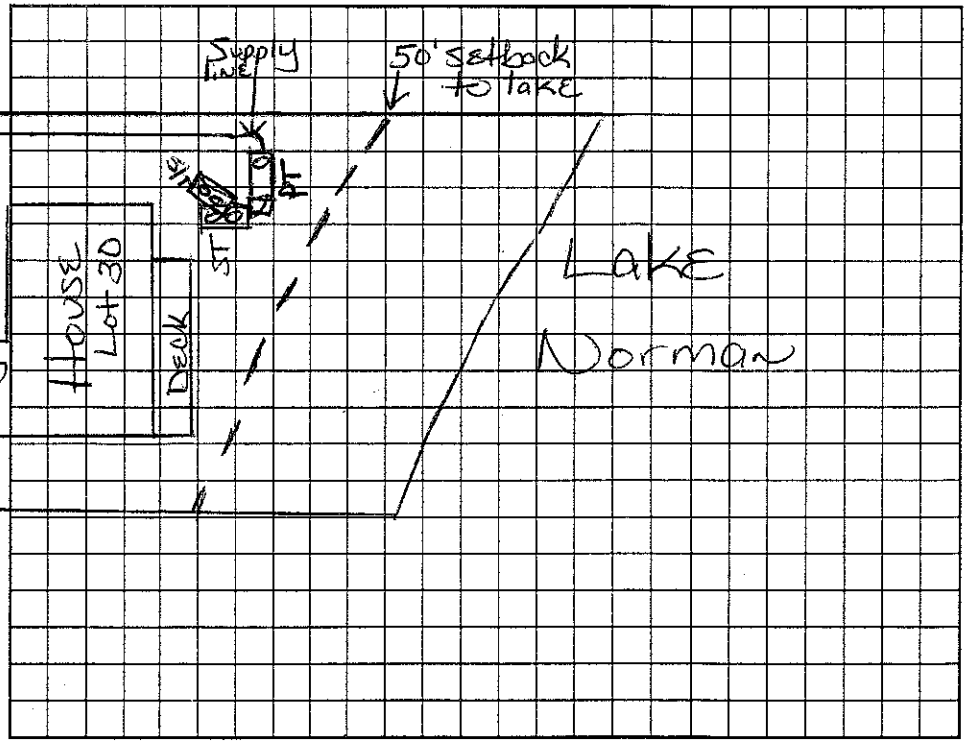
Comments/Conditions: Keep Septic System at least 10' from PL & 50' from lake. Drainfield must be at least 25' from Basement Wall/Foundation Drain

Comments/Conditions: 25% Reduction in Drainfield area. (Septic sized for Future addition)
EZ FLOW INSTALLED.

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: M. DOTS date 3/28/00 Installed by: Dellinger Grading

Improvement Permit by: Maia H. Dolson RS date 3/25/2000 Operation Permit by: Maia H. Dolson RS date 11/25/2000

Authorization to Construct by: Maia H. Dolson RS date 3/25/2000 Existing System Inspection by: _____ date _____

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