IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22064 PIN# ~~PART OF 2WA20~~ 4628-43-9109

OWNER OR CONTRACTOR H.R Dyer / Crescent Resources PHONE: Business _____ Home _____ DATE Nov. 2, '98

ADDRESS 9 Rose Way, Randolph N.J. 07968

LOCATION 150' W/ TR Pinnacle Shores Dr. TL Plantation Dr. At End

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1-B LOT 72 LOT AREA >29,000 ft² SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/1/99

Pump Tank: 1000 Gallons; PT 27 Date 9/15/99

Pump Make: Hydromatic Model Sheff 50 M Serial No. 9-99

Nitrification Field: No Fields / Square Feet 630 Linear Feet 210

No Lines 3 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other ____

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

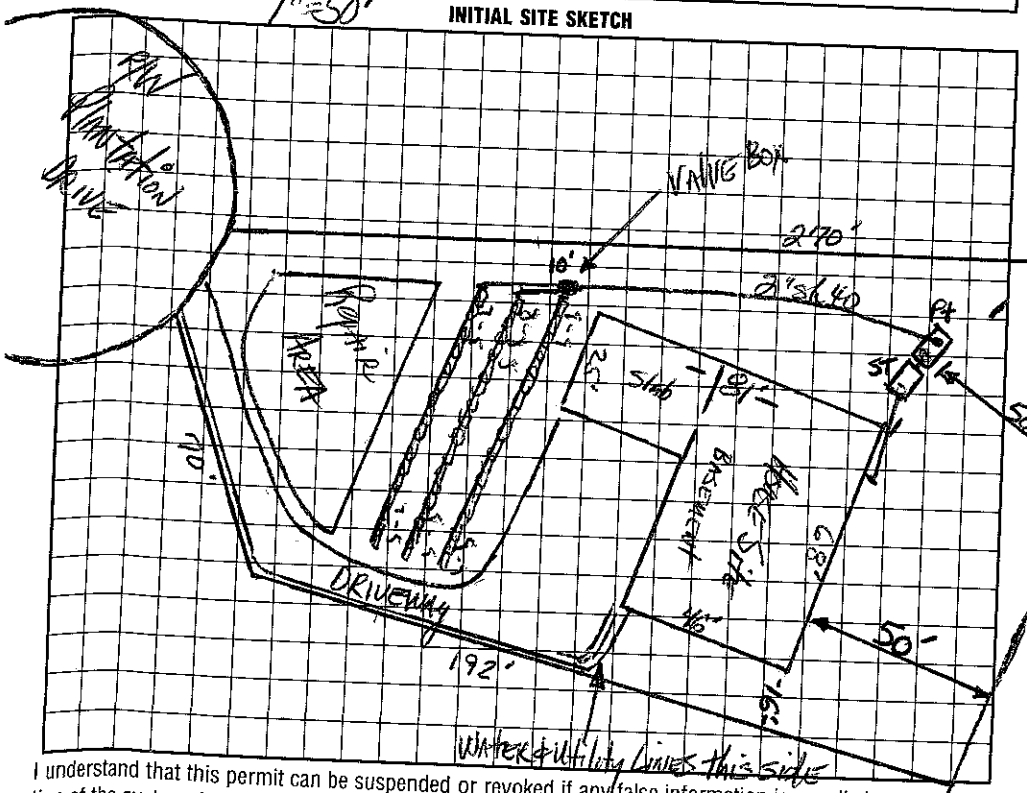
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

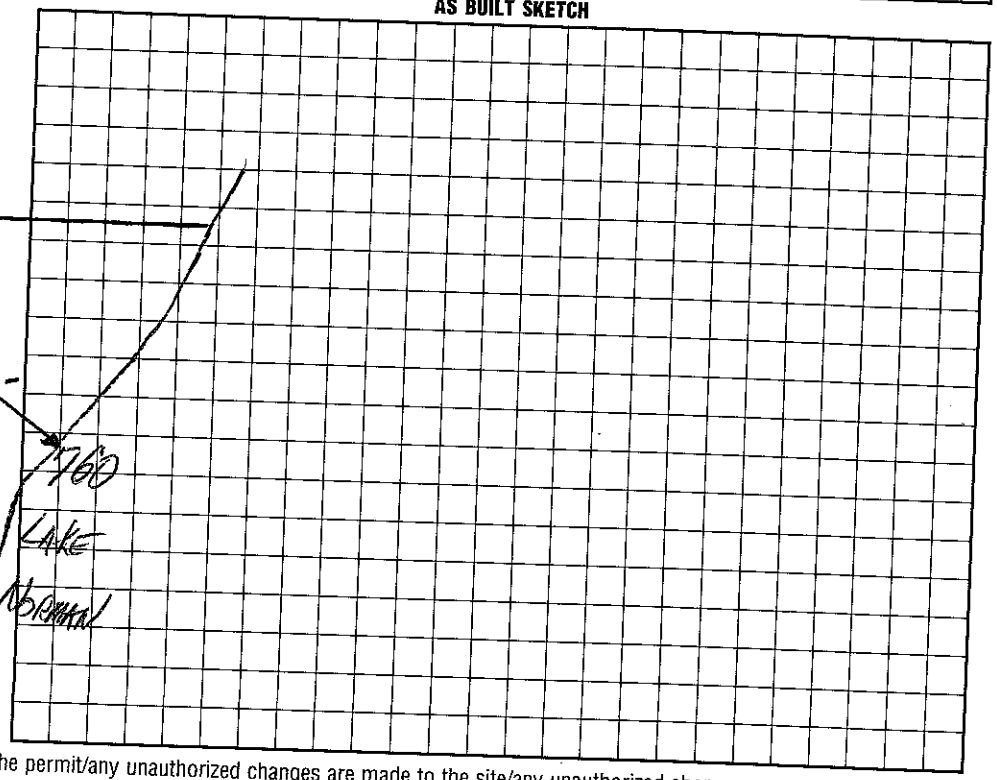
Comments:/Conditions: (Martin)

V TANKS, PUMP, LINES, PRESSURE 10/28/99 AWS

1"=50' **INITIAL SITE SKETCH**



AS BUILT SKETCH



I understand that this 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: _____

Improvement Permit by: _____ date 11-3-98

Authorization to Construct by: _____ date 11-2-98

Installed by: Lavon Benton

Operation Permit by: Wesley Sparks R.S. date 11/22/99

Existing System Inspection by: _____ date _____

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