IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 1:30

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

PERMIT# 23713 PIN# part of 2NA20 DATE 2-9-2001

OWNER OR CONTRACTOR Derek Reid PHONE: Business 662-0033 ext 24 Home 799-0820

ADDRESS 181 Isle of Pines Mooresville NC 28117 4628-51-0735

LOCATION Hwy 150 West TR Pinnacle LN 1st lot on right

SUBDIVISION Pinnacle Shores BLOCK / SECTION III LOT 28 LOT AREA .93 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-24-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

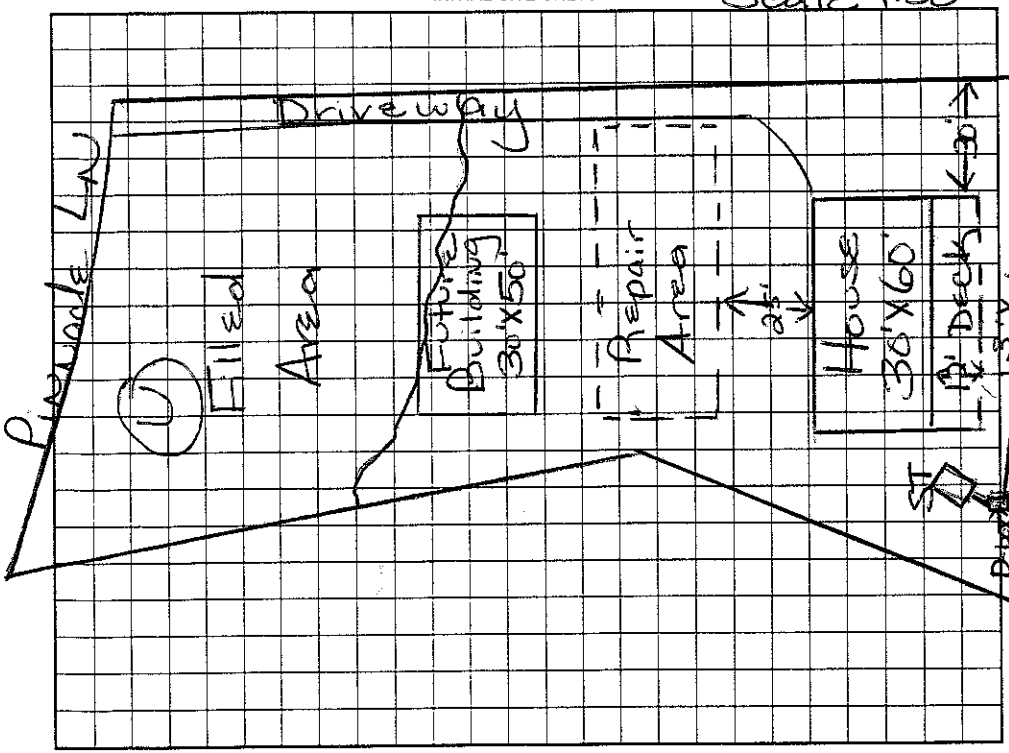
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

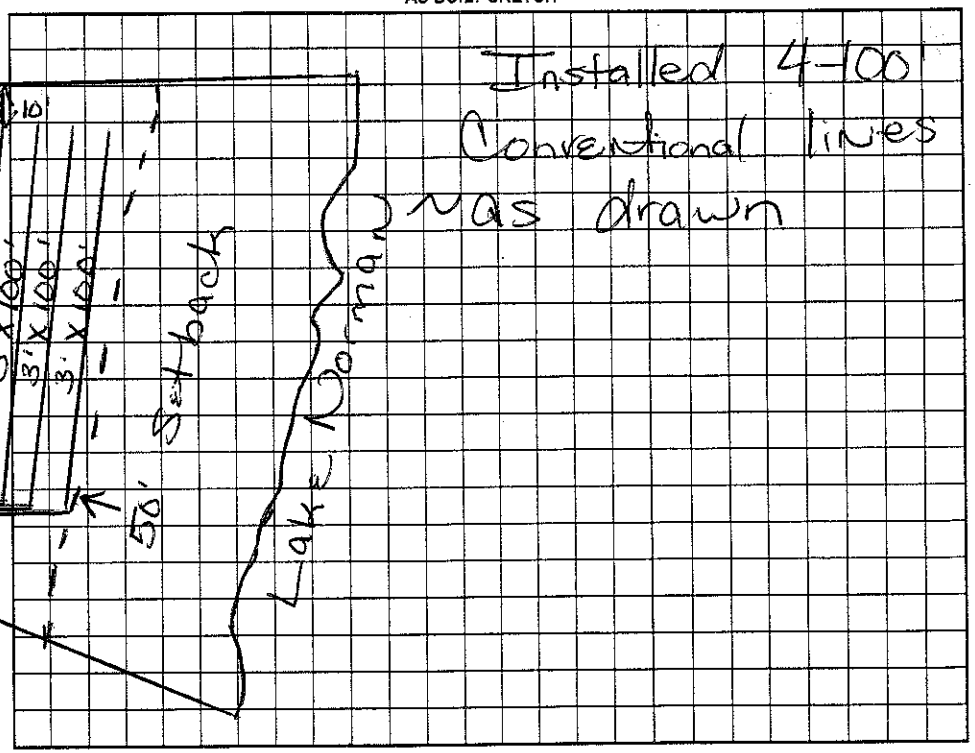
Comments:/Conditions: Must keep Septic System at least 10' from PL, 50' from lake & 5' from house.

Comments:/Conditions: Polylok filter & riser 2" PVC pipes extending into 1st trench must be removed.

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: Derek Reid date 2/15/2001 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 2/9/2001 Operation Permit by: Maria H. Dotson RS date 7/11

Authorization to Construct by: Maria H. Dotson RS date 2/9/2001 Existing System Inspection by: ____ date

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