IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138866 PIN# 4628514815 DATE 11-2-06

OWNER OR APPLICANT Brett A. Norem PHONE: Business 453-6170 Home 528-6644/992-6605

ADDRESS 1746 Tuscany Ln. Cornelius, NC 28031

LOCATION Hwy 150 West TR Pinnacle Shores TL Old Timber on left near end

SUBDIVISION Pinnacle Shores BLOCK / SECTION 3 LOT 98 LOT AREA .69 Acre SITE CLASS. PS DESIGN FLOW 480gpd T.A.R. .3

Fra/o Tanks

Septic Tank: 1000 Gallons: STB 531-1060 Date

Pump Tank: 1000 Gallons: PT 488-1337 Date

Pump Make: Goulds Model WE0512H Permit No.

Nitrification Field: No Fields 1 Square Feet 536 Linear Feet 268

No Lines 4 @ 67' Trench Width min. 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: X Yes ☐ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

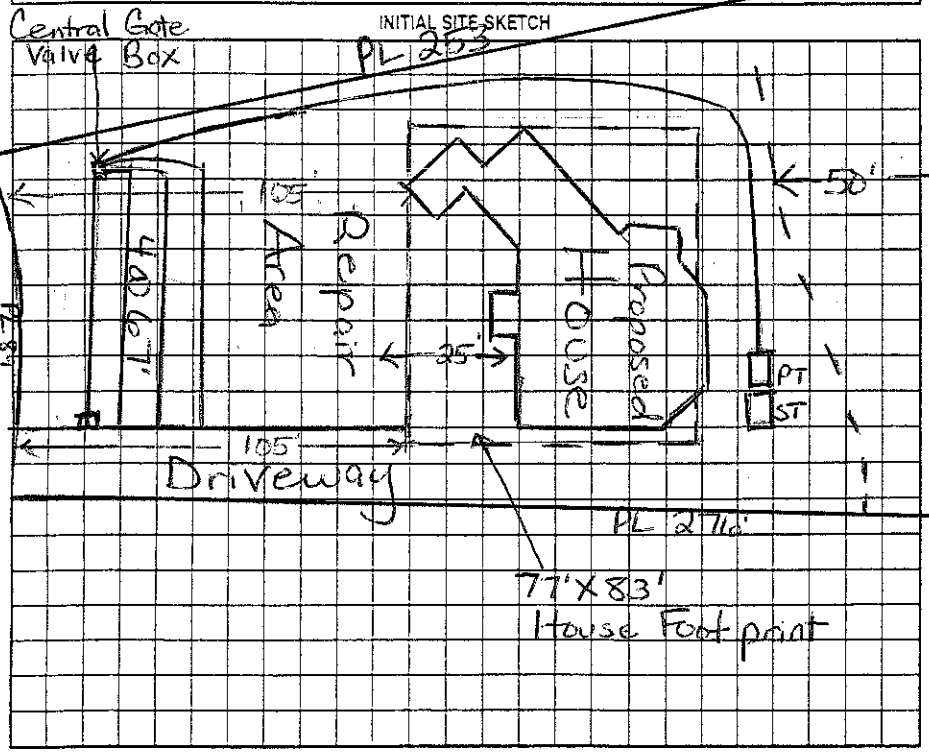
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: Scale 1:50'
8/22/07 Checked bottom of tank excavation = 6" sand

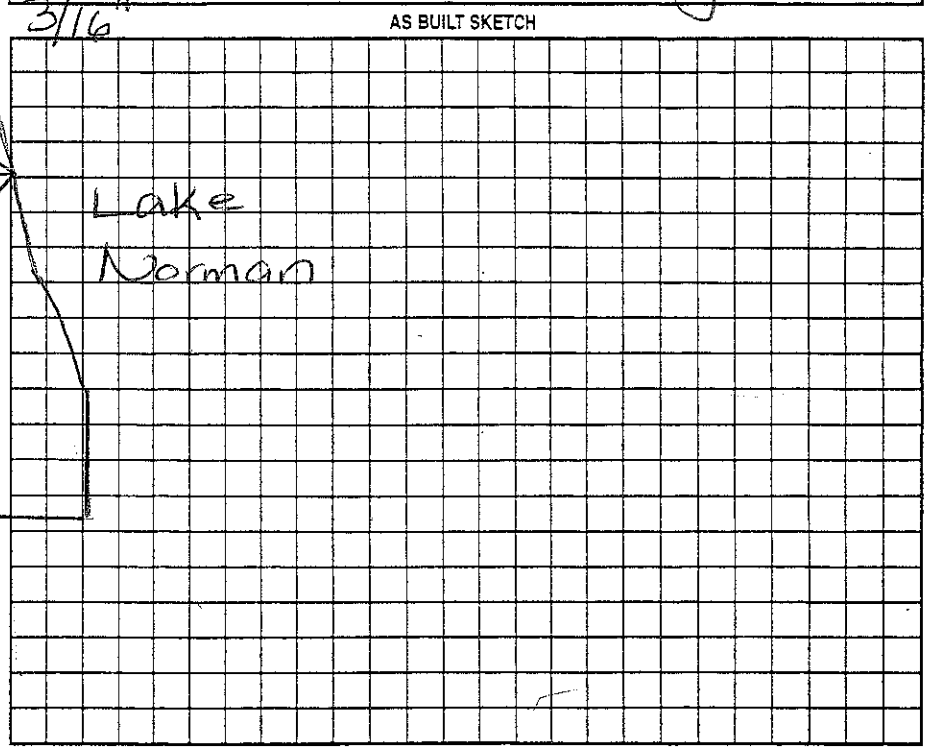
Comments:/Conditions: Note: Driveway must hug Property line. Basement Wall must be at least 25ft to Drainfield including Repair Area

INITIAL SITE SKETCH



AS BUILT SKETCH

3/16"



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: [signature] RS date 11-2-06 Installed by: Tommy [signature] RS

Improvement Permit by: Maina [signature] Dotson RS date 11/2/06 Operation Permit by: Maina [signature] Dotson date 11/1/07

Authorization to Construct by: Maina [signature] Dotson RS date 11/2/06 Existing System Inspection by ___ date ___

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