IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A REPAIR PIN# 4428 52 4056 DATE 12/21/07

OWNER OR APPLICANT Lynn Dawley PHONE: ~~Cell~~ ~~Business~~ 704-799-0677 Home 704-799-0677

ADDRESS 133 Old Timber Ln, Mooresville, NC. 28117

LOCATION I-50 W TR Pinnacle Shores TL OR Timber and directly off cul de sac / 133 OLD TIMBER

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 96 LOT AREA .7 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: EXISTING Gallons; PT ____ Date ____

Pump Make: GOULD Model: WE-10H Serial No. 96

Nitrification Field: No Fields 1 Square Feet 345 Linear Feet ~~105~~

No Lines 3@35'-37' Inch Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No ☐ Gravity ☒ Pressure

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

System Description: ____

Repair System Description: Pump Dosed - 16" PPBAS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

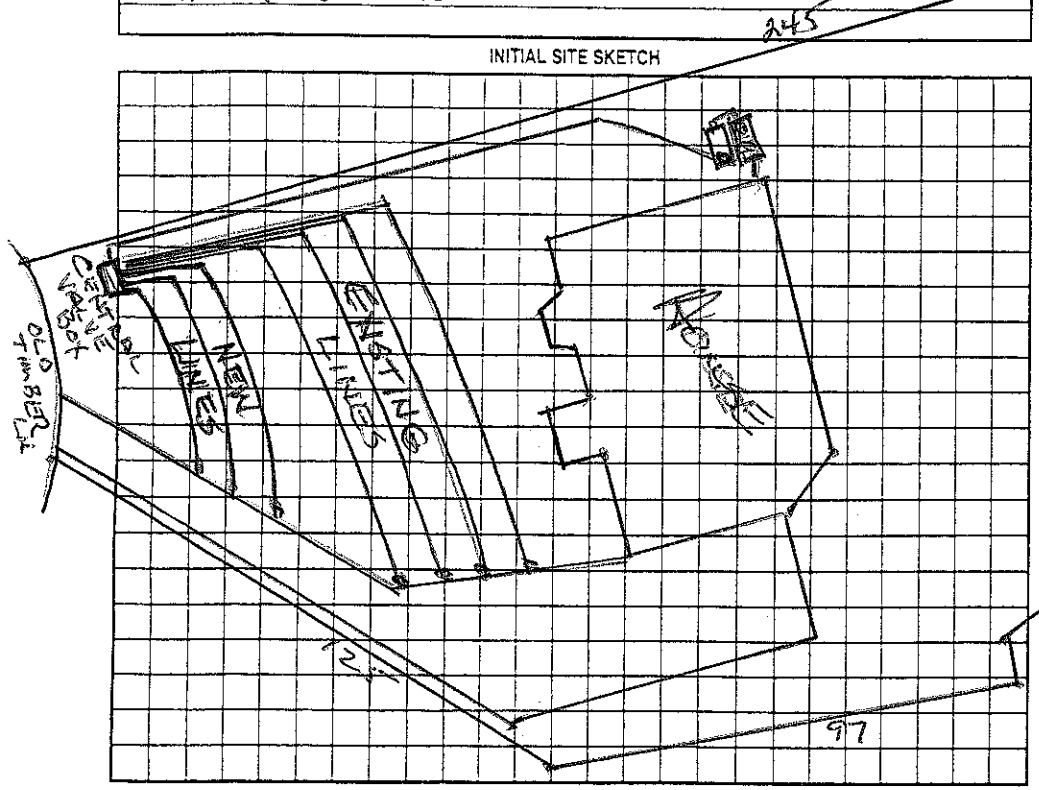
Water Supply: ☐ Individual ☐ Public ☒ Community PINNACLE SHORES

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

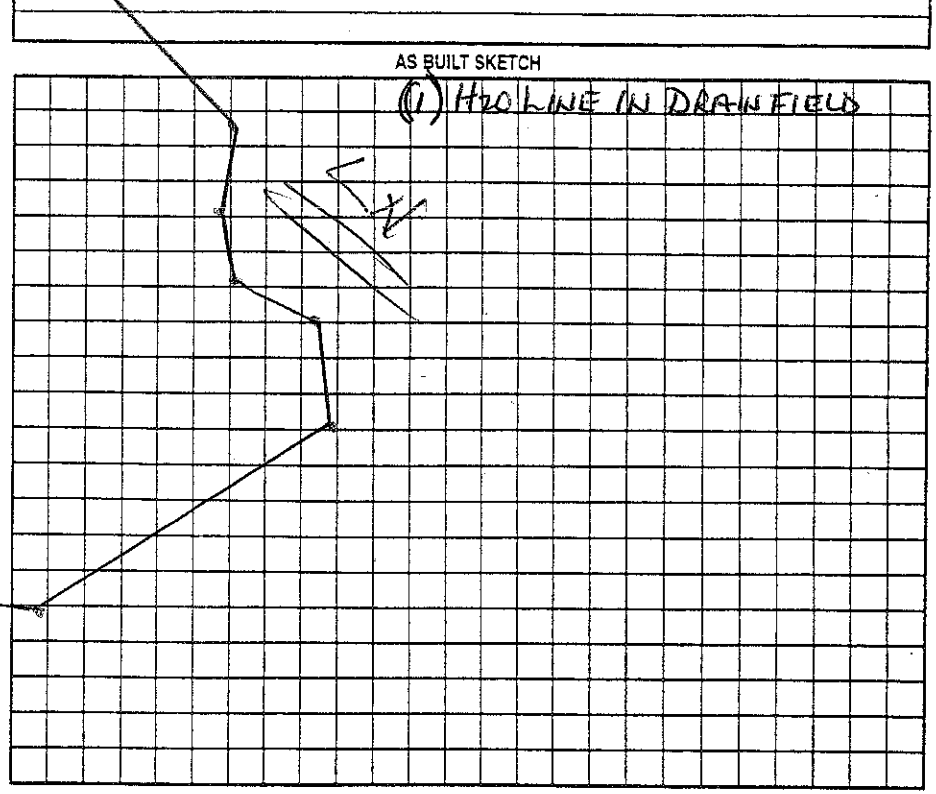
Comments:/Conditions (1) PUMP MAY NEED TO BE UPSIZED (2) SIM TECH FILTER REQUIRED (3) MAY BE REWORKED FOR CENTRAL VALVE BOX

Comments:/Conditions: Maintenance through B. Ramey

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: [signature] date 12/21/07 Installed by: R+H

Improvement Permit by: Wesley Sparks RS. date 12/21/07 Operation Permit by: Wesley Sparks RS. date 3/12/08

Authorization to Construct by: Wesley Sparks RS date 12/21/07 Existing System Inspection by: ____ date ____

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