IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 2.00 MOORESVILLE 704-664-5281

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

PERMIT# 105262 PIN# 4628528740 DATE 5/29/02

OWNER OR CONTRACTOR L.C. Lynch PHONE: Business _____ Home 201-9088

ADDRESS 101 Travis Ln Salisbury NC 28146

LOCATION Hwy 150 W TR Pinnacle Shores TL Plantation on Rt

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 62 LOT AREA .76 Acre SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 12-28-02

Pump Tank: 1500 Gallons; PT 338 Date 9-28-02

Pump Make: Myers Model ME50 Serial No. 25325D009

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 335'

No. Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 30"

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

System Description: Pump-4-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

X House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual X Public X Community

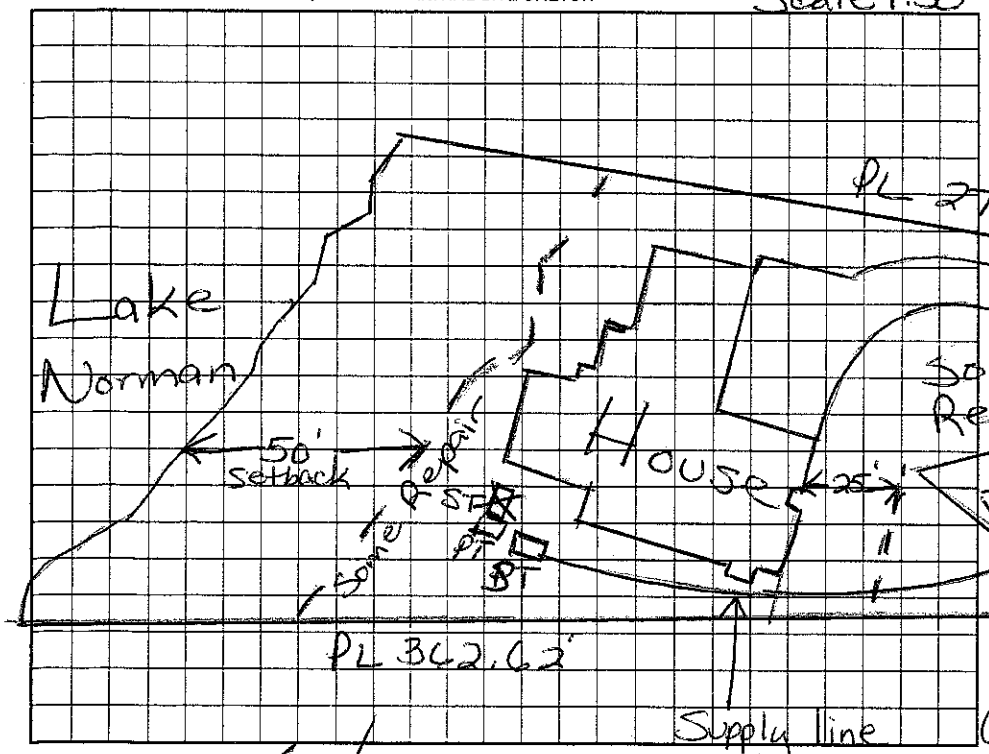
Comments/Conditions: Keep Septic System at least 10' From PL, 50' From Lake & 25' From Basement wall

Note: Keep vehicular traffic off Drainfield area.

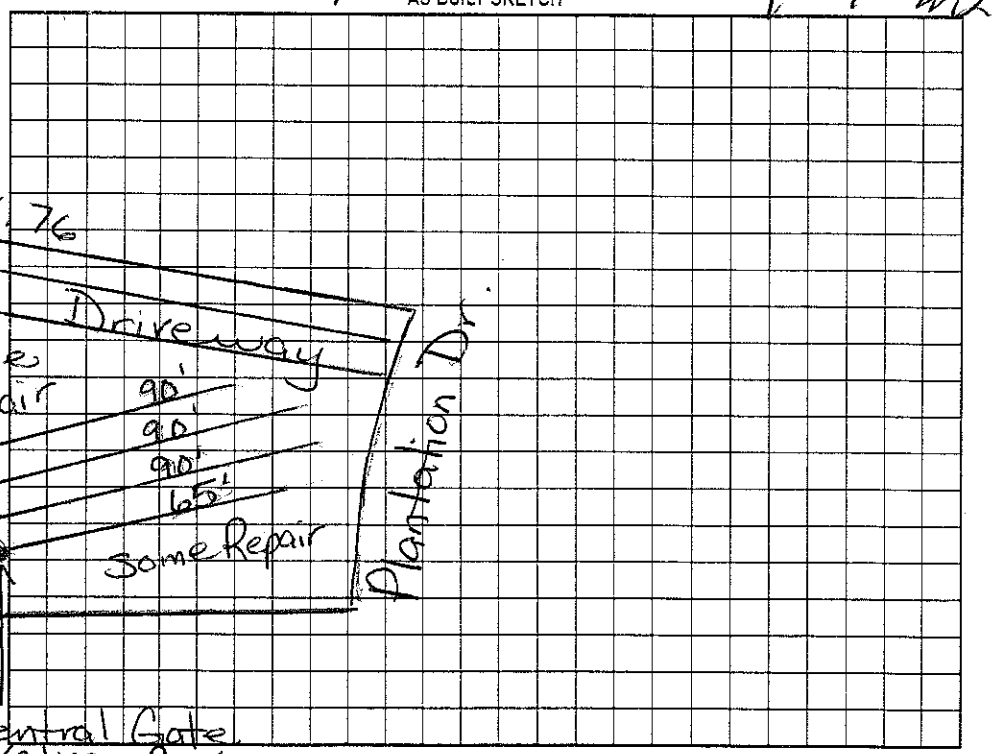
Comments/Conditions: 3/16" hole drilled Checked tanks & lines 2/12/03 mk

Press, elect & alarm 2/25/03 mk

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: _____ date 6/18/02 Installed by: R & H Inc

Improvement Permit by: Maria H. Dotson R.S. date 5/29/02 Operation Permit by: Maria H. Dotson R.S. date 2/25/03

Authorization to Construct by: Maria H. Dotson R.S. date 5/29/02 Existing System Inspection by: Maria H. Dotson R.S. date _____

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