IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22070 DATE Oct. 2, '95 TAX MAP NO. part of 2NA20 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~Crescent Homes Inc~~, KENNETH KOTOWICZ PHONE: Business _____ Home 4628-52-9250

ADDRESS PO Box 1003, Charlotte

LOCATION 150 W TR Pinnacle Shores DR. TL Plantation on left

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1B LOT 85 LOT AREA > 20,000 Sqft SITE CLASS. PSpr1956 DESIGN FLOW 480gpd L.T.A.R. .35-.4

Septic Tank: 1000 Gallons; STB 794 Date 5/14/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 250

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity PPBPS

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

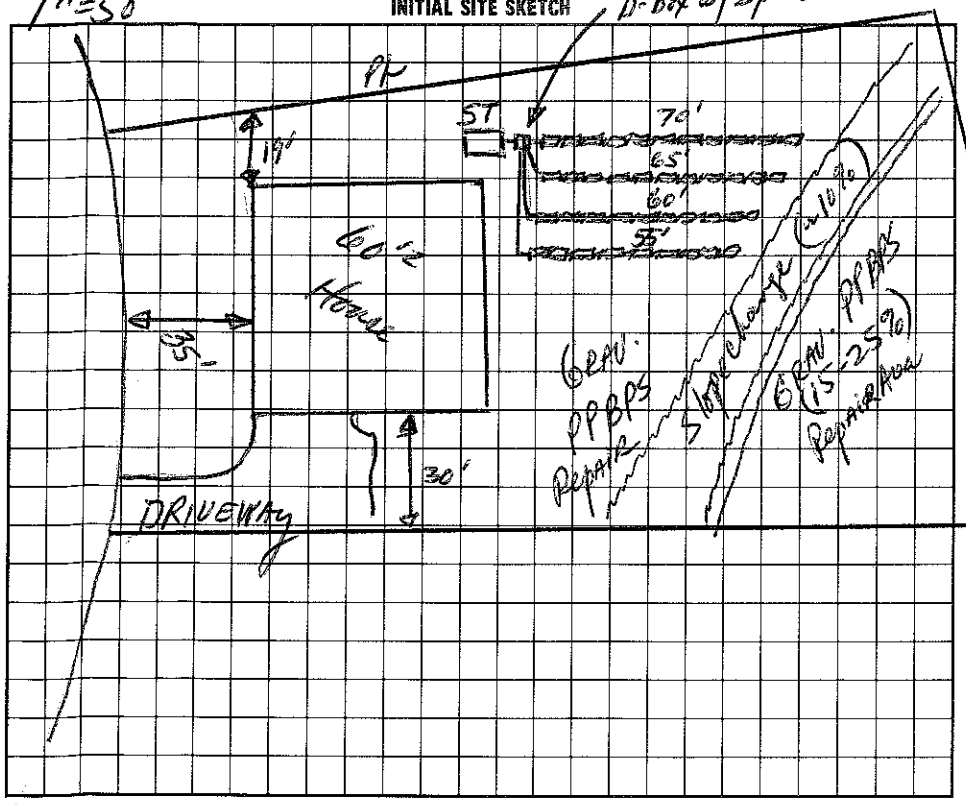
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments:

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.

Signed: _____ 11/14/95

Improvement Permit by: _____ date 10-2-95

~~Existing System Inspection by:~~ Auth to Construct _____ date 8/4/97

Installed by: CURT DUNNING

Certificate of Completion by: _____ date 5/20/98

Operation Permit by: _____ date _____

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