IREDELL COUNTY HEALTH DEPARTMENT

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

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

$325

PERMIT# ~~2000~~ 95259 PIN# 4628 53 2083 DATE 3/23/01

OWNER OR CONTRACTOR MIKE OKRESE PHONE: Business 309-2707 Home 650-2372 M

ADDRESS 281 ST MARYS BLVD. - GREEN BAY - WI

LOCATION HWY 150W - TR PINNACLE SHORES - TL PLANTATION - ON RT

SUBDIVISION PINNACLE SHORE BLOCK / SECTION I LOT 68 LOT AREA .69AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30-60/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10/12/01
Pump Tank: 1000 Gallons; PT 238 Date 11/7/02
Pump Make: HYDROMATIC Model SHEF 50-A1 Serial No. 10/01
Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 267
No Lines 4 Trench Width (24") Max Trench Bottom Depth (30") Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

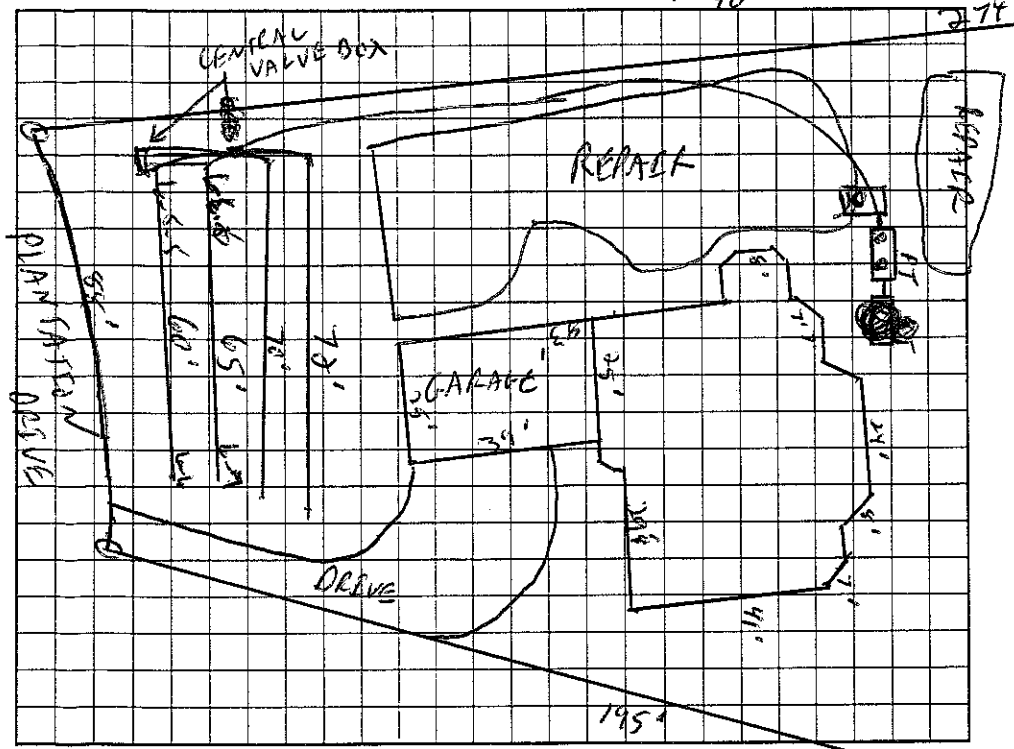
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ ~~Community~~

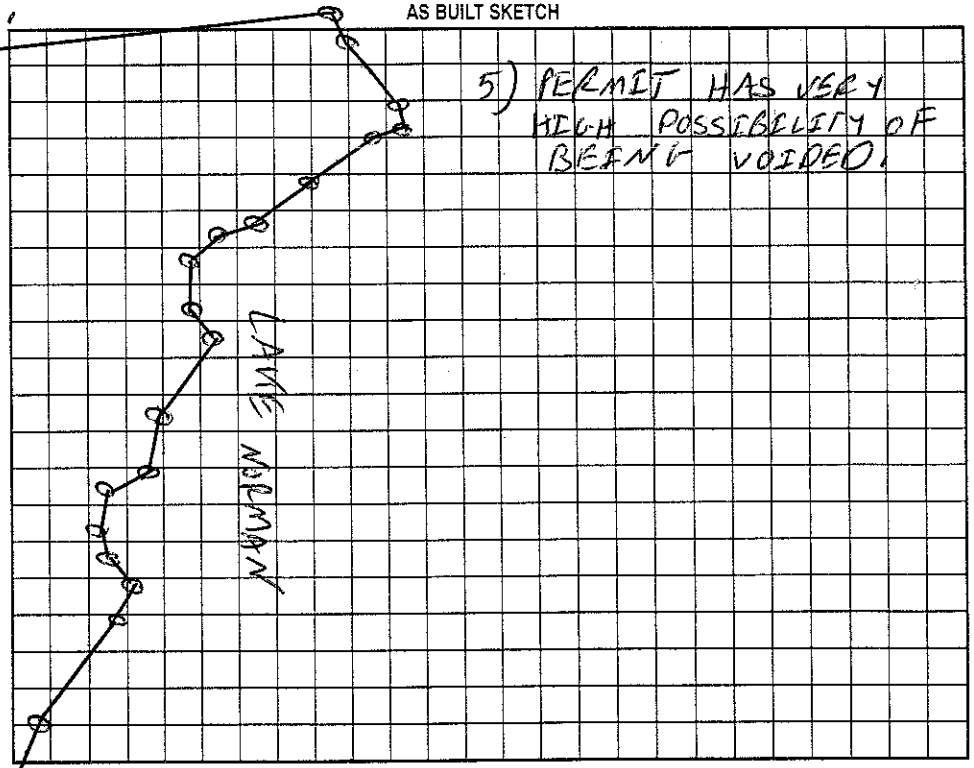
Comments:/Conditions: 1) DRIVEWAY CANNOT BE CUT - ONLY FILLED 2) FENCING SHALL BE PLACED AROUND DRAINFIELD AND REPAIR AS HOUSE IS CONSTRUCTED.

Comments:/Conditions: 3) SUPPLY LINE TO BE RAN 5' OFF OF PROPERTY LINE. 4) IF ANYTHING IS MOVED GRADED OR CHANGED TO ~~EFFECT~~ DRAINFIELD, PERMIT WILL BE VOIDED.

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



5) PERMIT HAS VERY HIGH POSSIBILITY OF BEING VOIDED.

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 3/26/01 Installed by: Levan Benton RS

Improvement Permit by: C. Ray Tew RS date 3/23/01 Operation Permit by: Maria H Dotson RS date 5/31/02

Authorization to Construct by: C. Ray Tew RS date 3/23/01 Existing System Inspection by: _____ date _____

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