IREDELL COUNTY HEALTH DEPARTMENT

ST. S'VILLE 704-878-5305 MOORESVILLE 704-664-5201

Paid 250.00 9:

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

PERMIT# ~~25827~~ 89494 PIN# 4628532103 DATE 4-12-2000

OWNER OR CONTRACTOR Ron Shaw PHONE: Business (336) 869-7410 Mobile Home Chuck Crawfield 309-2707

ADDRESS 509 Dorado Dr. High Pt, NC 27265

LOCATION Hwy 150 TR Pinnacle Shores Dr. TL Plantation Dr. on RT.

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 69 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 12/23/00

Pump Tank: 1500 Gallons; PT 338 Date 11/28/00

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1005' Linear Feet 335'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Pump-LPP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms 4 No. Employees ____

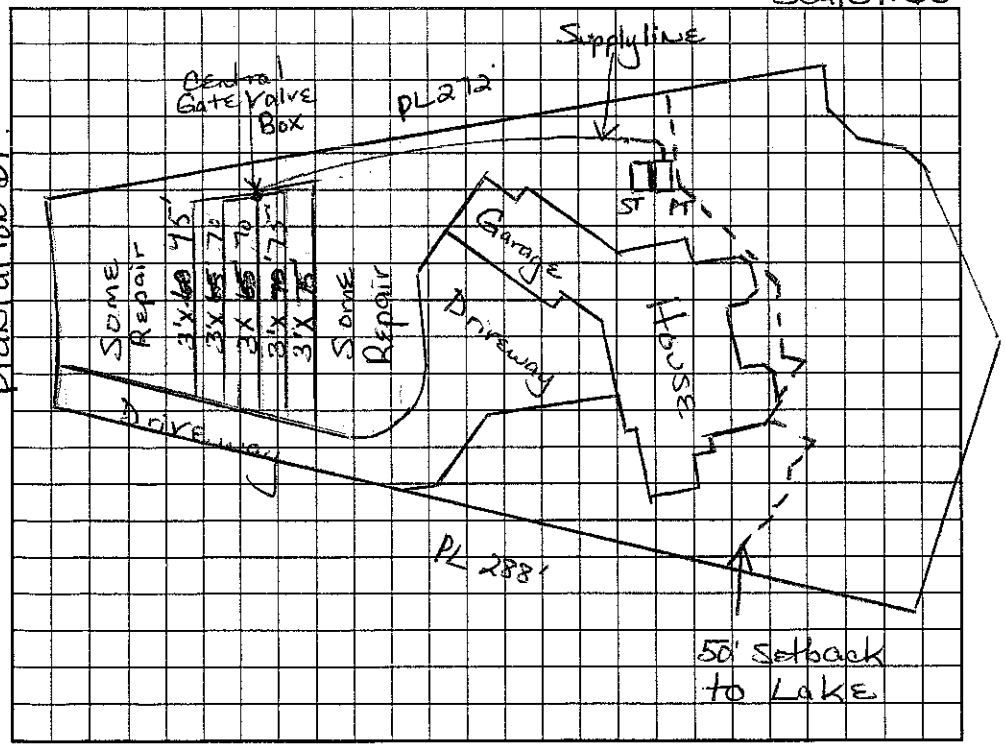
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

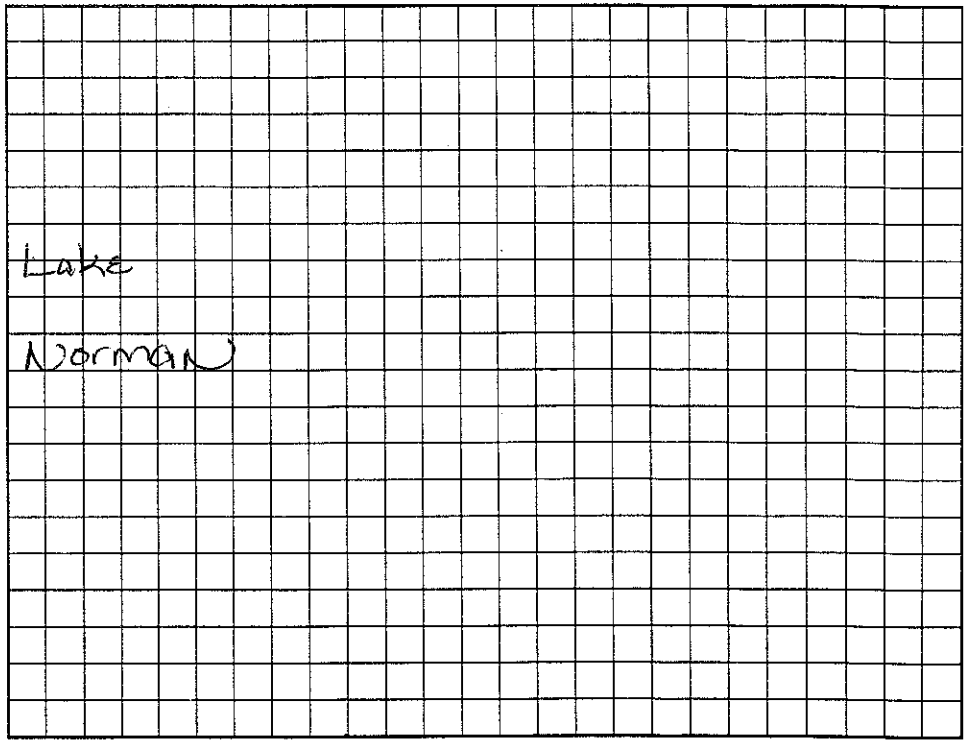
Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake. IF tanks are sidegradient of basement wall setback is 15'. Drainfield must be at least 25' upgradient of basement.

Comments:/Conditions: Note: Very tight to fit Septic System (Initial & repair). IF there's any intrusion into Septic areas, permit may be voided.

INITIAL SITE SKETCH Scale 1:60



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 4/13/00 Installed by: Levar Burton

Improvement Permit by: Maria H.H. Dotson R.S. date 4/13/2000 Operation Permit by: _____ RS date 6/11/01

Authorization to Construct by: Maria H.H. Dotson R.S. date 4/13/2000 Existing System Inspection by: _____ date _____

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