IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 11-11-30

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INS.

PERMIT# 106740 PIN# 4628539313 Steve Pelahat DATE 6-11-2002

OWNER OR CONTRACTOR Roger Hatharasinghe PHONE: Business 363-4846 Home 873-1021

ADDRESS 613 Rhonda Dr Statesville NC 28625 Sewer easement on left

LOCATION Hwy 150 W TR Pinnacle Shores Ln at end on left - just past Shelter Cove

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 52/52A LOT AREA SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 (Easement)

Septic Tank: 1000 Gallons; STB 312 Date 5-23-04
Pump Tank: 1000 Gallons; PT 283 Date 9-11-04
Pump Make Goulds Model WE2012HC Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4@100' 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-25% Reduction
Repair System Description: Pump-Panel
Maintenance Agreement Required: ☐ Yes ☒ No Nutrinitial

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4
No. Bathrooms 4-full
No. Employees 2-1/2 baths

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

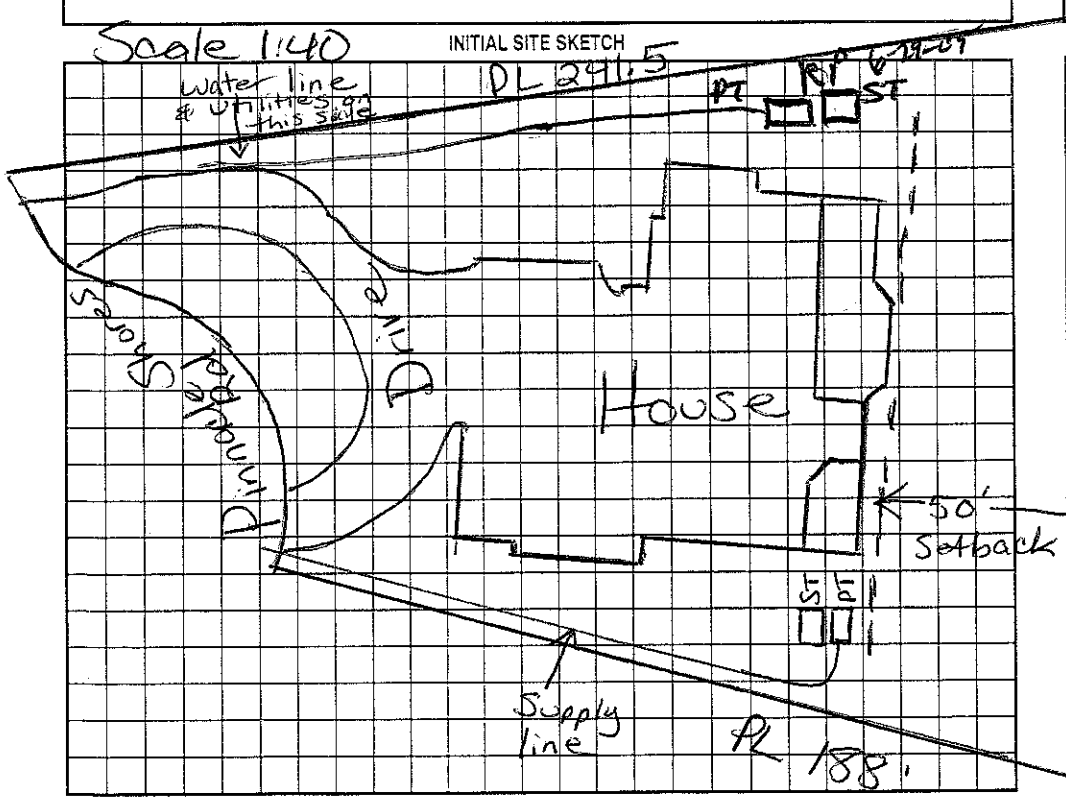
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake.

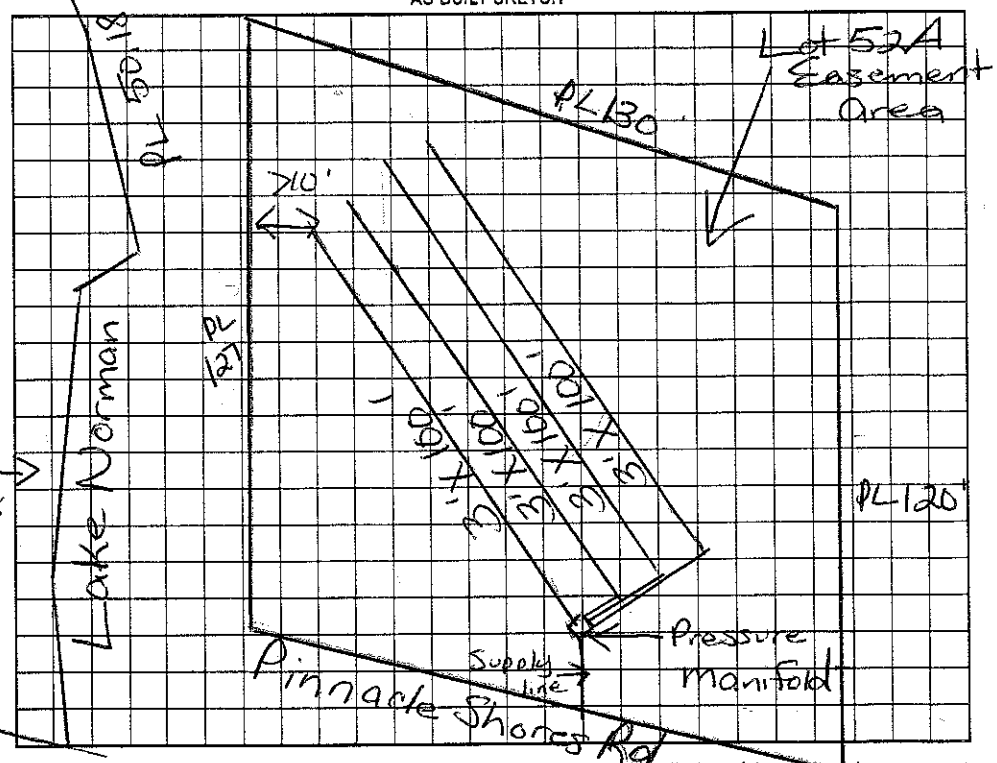
Comments:/Conditions: Tanks & lines checked 6/29/05 Quick Pressure, elect & alarm 11/2/05 mb

Scale 1:40

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: _____ date 6-15-02 Installed by: Curt Dunning RS

Improvement Permit by: Maria H. Dotson RS date 6/11/2002 Operation Permit by: Maria H. Dotson date 11/2/05

Authorization to Construct by: Maria H. Dotson RS date 6/11/2002 Existing System Inspection by: _____ date _____

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