IREDELL COUNTY HEALTH DEPARTMENT

Application to Construct 230

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

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

PROPERTY DESCRIPTION NO. 21307 DATE 1/14/97 TAX MAP NO. Pt of 2N A 20 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Carlo McKay PHONE: Business 597-8619 Home 597-1461

ADDRESS 4516 New Garden Ct. Charlotte, NC. 28215 4628-16-2642

LOCATION 150 W TR Pinnacle Dr. TR Manitoba Ln. (288R) lot on (L) Lakes corner lot.

SUBDIVISION Pinnacle Shores BLOCK / SECTION MAP 2 LOT 17 LOT AREA .57 AC. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/11/97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Ch. Plastic - Dist Box
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

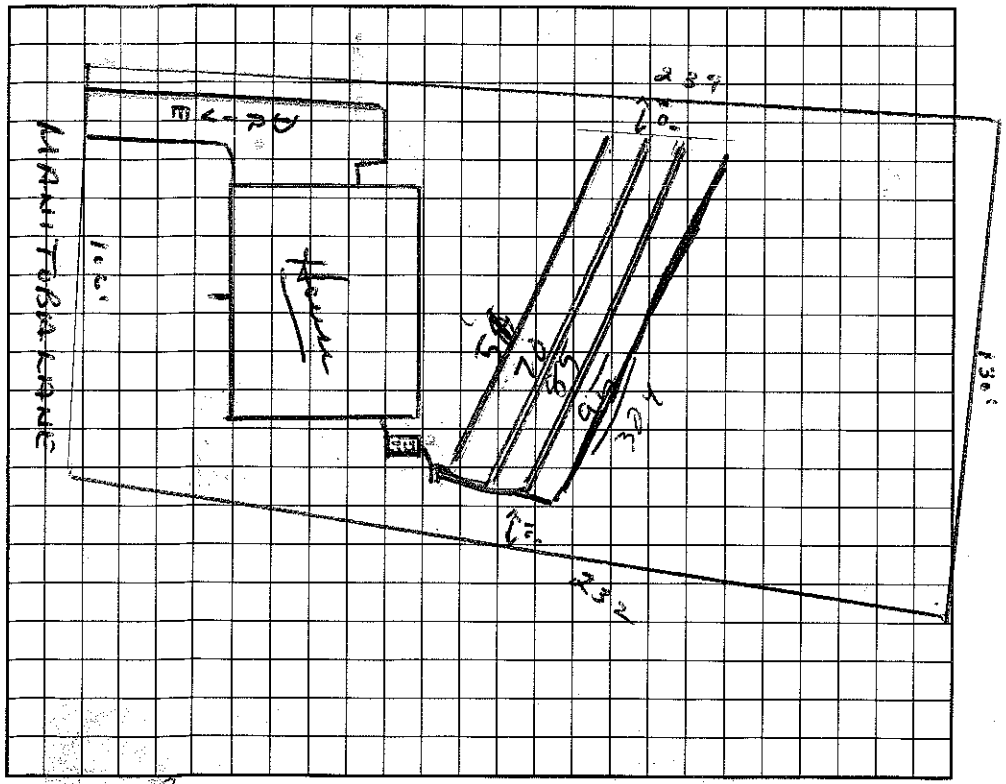
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

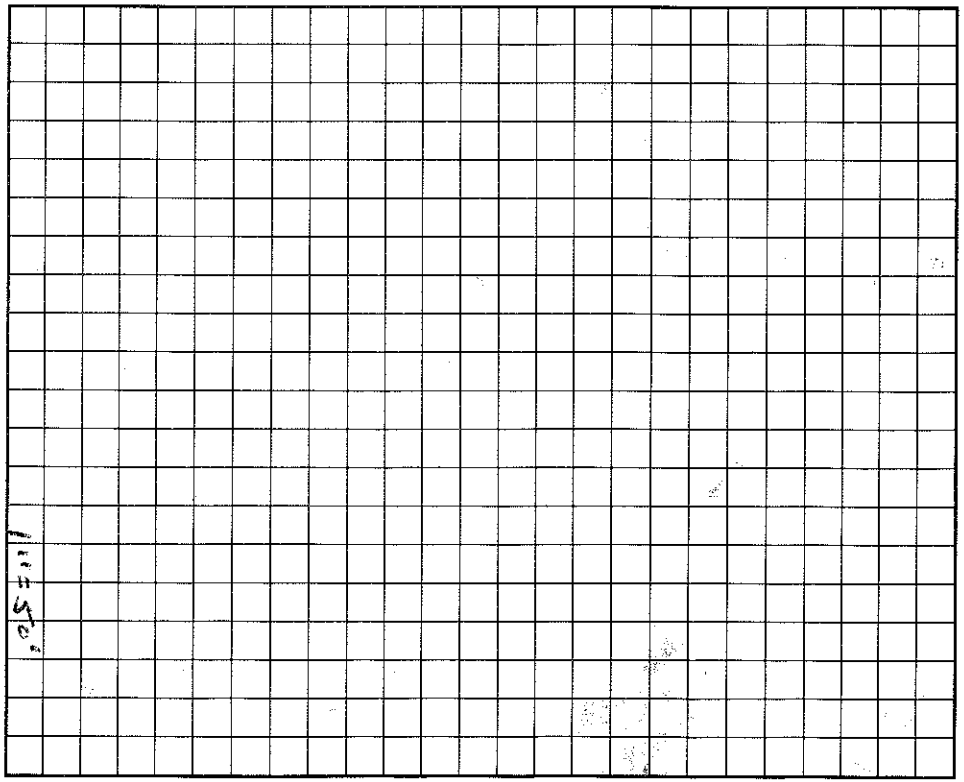
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ~~X~~ Carlo McKay

Improvement Permit by: Wesley Sparks R.S. date 1/14/97

~~Existing System Inspection~~ by: Wesley Sparks R.S. date 1/14/97

Installed by: LARRY TURNER

Certificate of Completion by: _____

Operation Permit by: C. Ray

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