(11:30)

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. 21306 DATE Dec 11, '95 (STEVE EMA) TAX MAP NO. part of 2NA20 4628 61 3535 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Chg PHONE/Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION 150 W TR Pinnacle Shores Dr. - Lot at end of Manitoba Ln - septicfield at corner of Old Timber & Pinnacle Dr.

SUBDIVISION PinnacleShores BLOCK / SECTION _____ LOT 16, 16A LOT AREA _____ SITE CLASS PSper1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 294 Date 3/6/97
Pump Tank: 1000 Gallons; PT 27 Date 3/24/97
Pump Make: GOULDS Model WE1012H Serial No. B961340
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pumped to Infiltrator
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

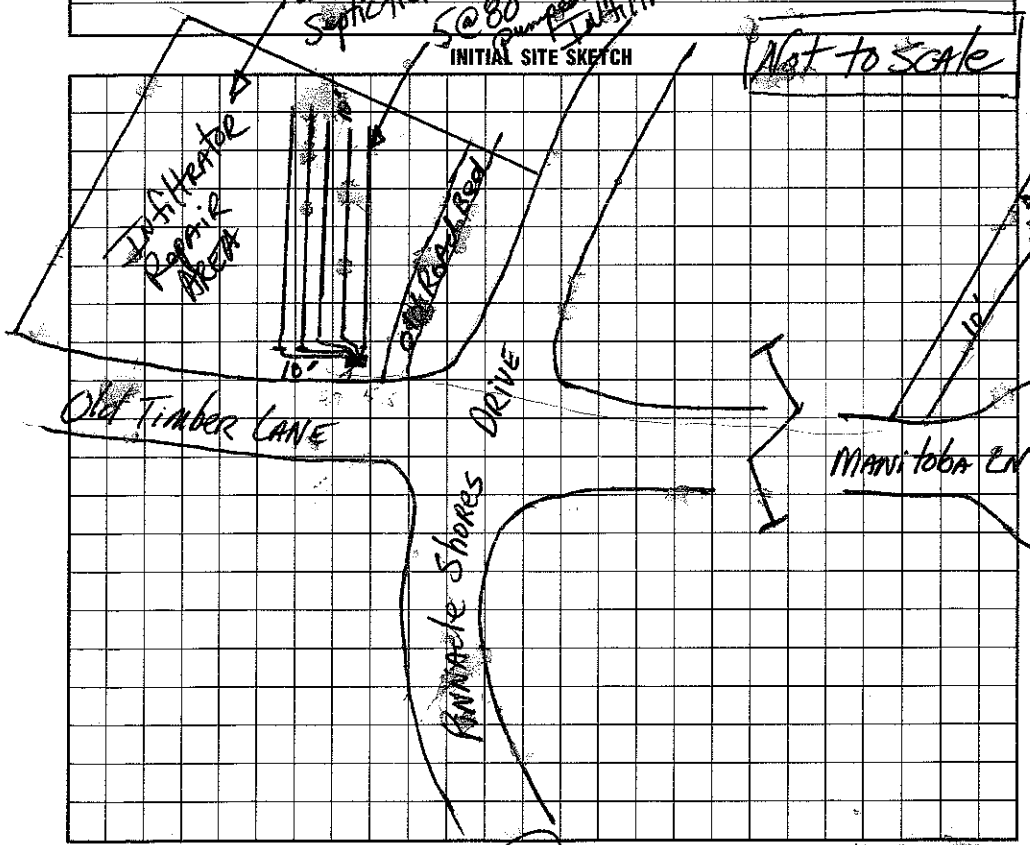
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

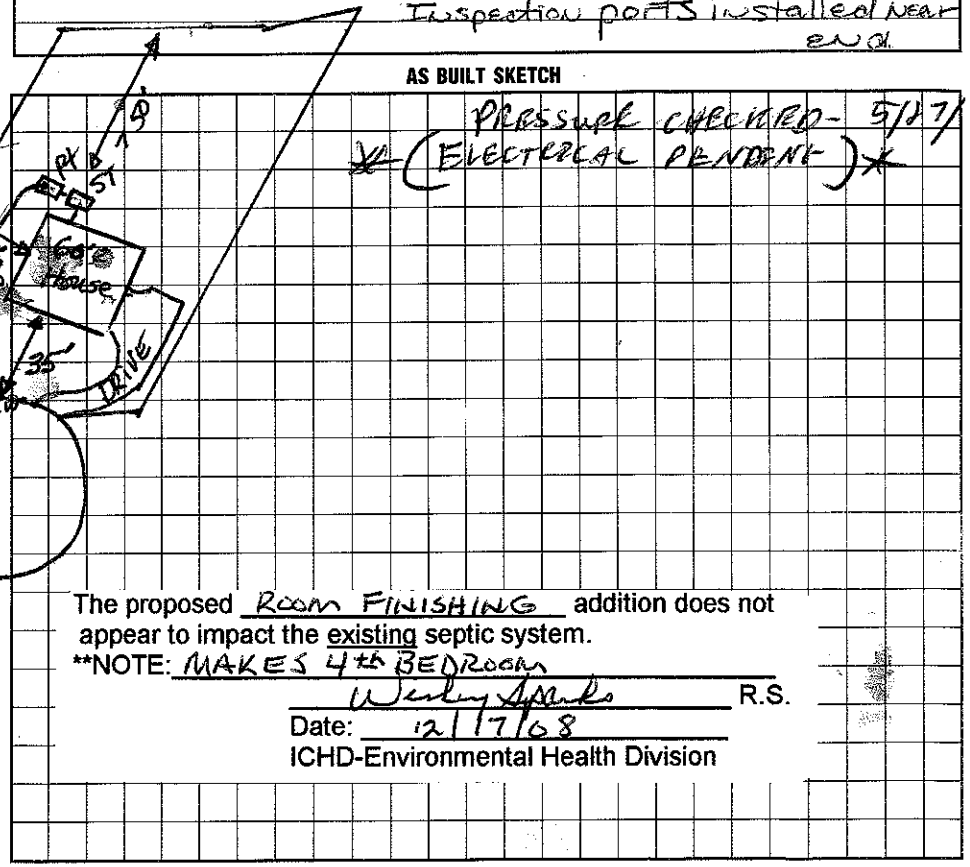
Comments: 3" Incoming manifold line, Drainfield inspected 5/21/97 JRS

Comments: TANKS MAY BE SWITCHED TO RIGHT SIDE OF HOUSE INSTEAD OF LEFT, Inspection ports installed near end.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed Room Finishing addition does not appear to impact the existing septic system.
**NOTE: MAKES 4th BEDROOM
Wesley Sparks R.S.
Date: 12/7/08
ICHD-Environmental Health Division

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: _____ Installed by: FJ ERVIN

Improvement Permit by: _____ date 12-1-95

Existing System Inspection by: _____ date 7/25/96

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6/3/97

Authorization to Construct

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