# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66

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

PERMIT# 072940 PIN# 4628 61 5939 DATE 7/17/01

OWNER OR CONTRACTOR Scott and Cynthia Ray PHONE: Business ______ Home 704-664-9205

ADDRESS 134 Walmsley Place Mooresville, NC. 28117

LOCATION 150 W TR Pinnacle Shores Dr. TR Shelter Cove Rd. 2nd lot on (R)

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 22 LOT AREA .61 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 97 Date 1000
Pump Tank: 1000 Gallons; PT 71 Date 1000
Pump Make: MYERS Model ME 40MC-1 Serial No. 25300D011
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200+
No Lines 4 @ 50 Trench Width 2' Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP Dist. to 16" PPBPS
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

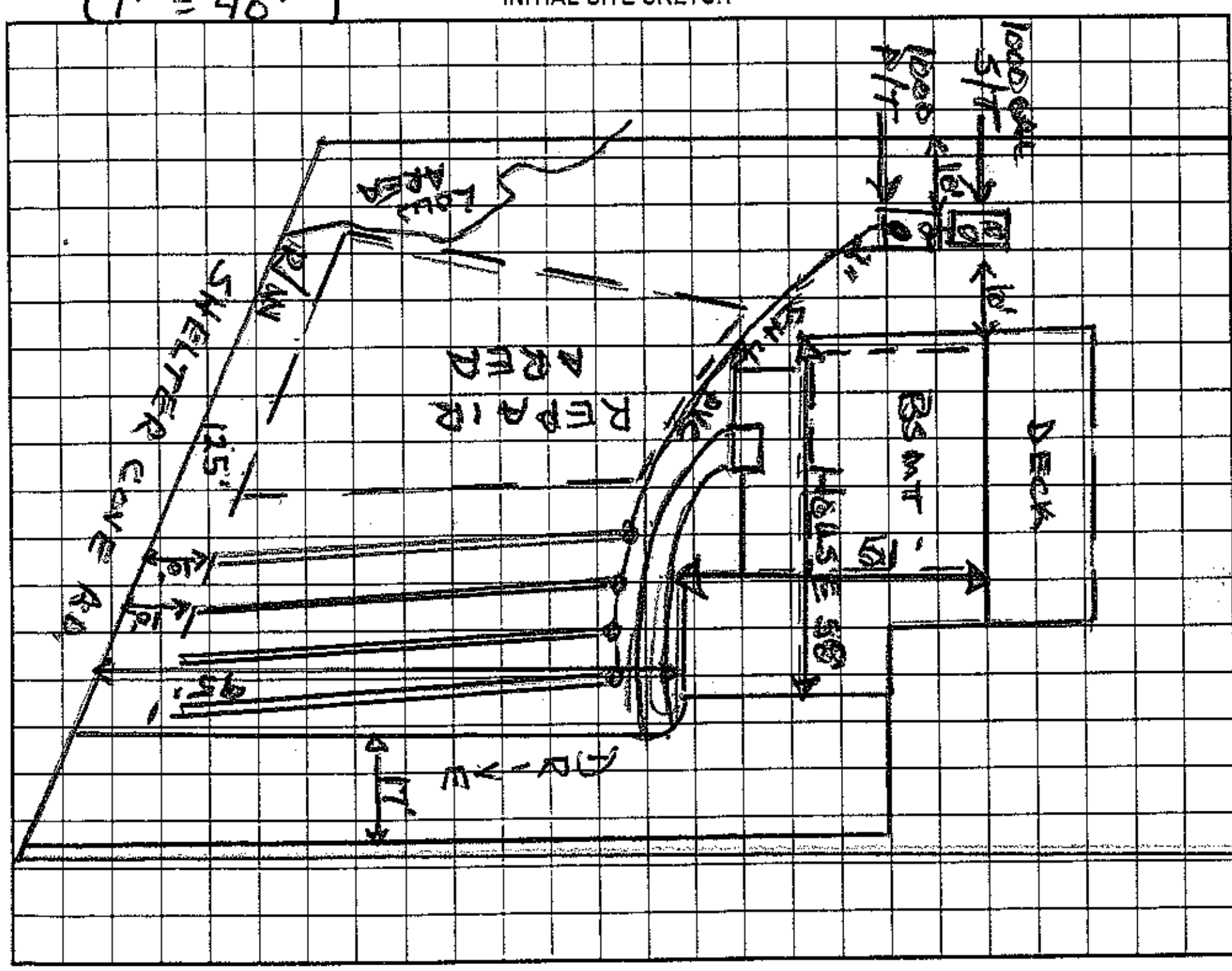
Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions: 46 PPBP Panels need to be installed 3/16" hole per panel at 12 o'position

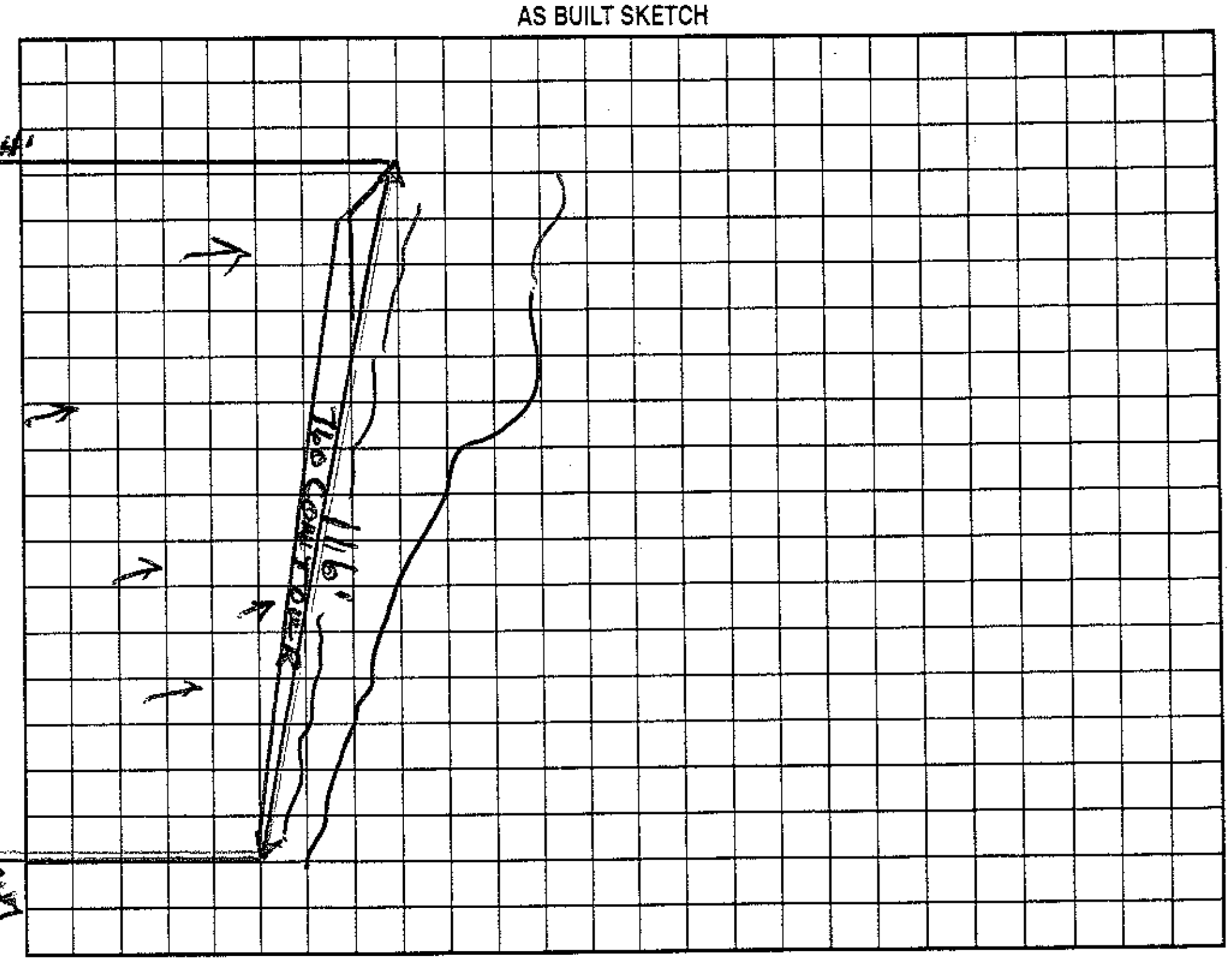
Comments:/Conditions:

(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: * Cynthia R. Ray date ______

Improvement Permit by: Wesley Sparks RS. date 7/17/01

Authorization to Construct by: Wesley Sparks RS. date 7/17/01

Installed by: W.T. Norwood Co.

Operation Permit by: Wesley Sparks RS date 10/3/02

Existing System Inspection by: ______ date ______

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