IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140238 PIN# 4628616189 DATE 1-23-07

OWNER OR APPLICANT Michael & Jennifer Bailey PHONE: Business _____ Home 799-0777

ADDRESS 127 Sienna Ln ~~Pinn~~ Mooresville, NC 28117

LOCATION Hwy 150 West TR Pinnacle Shores TR Sienna Ln on left at cul-de-sac #127

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 7 LOT AREA ± .73 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. ± .35

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Existing Linear Feet 228ft+

No Lines 4 Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth N/A ☐ Gravity ☒ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI (Existing)

System Description: Pump-Lp-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other

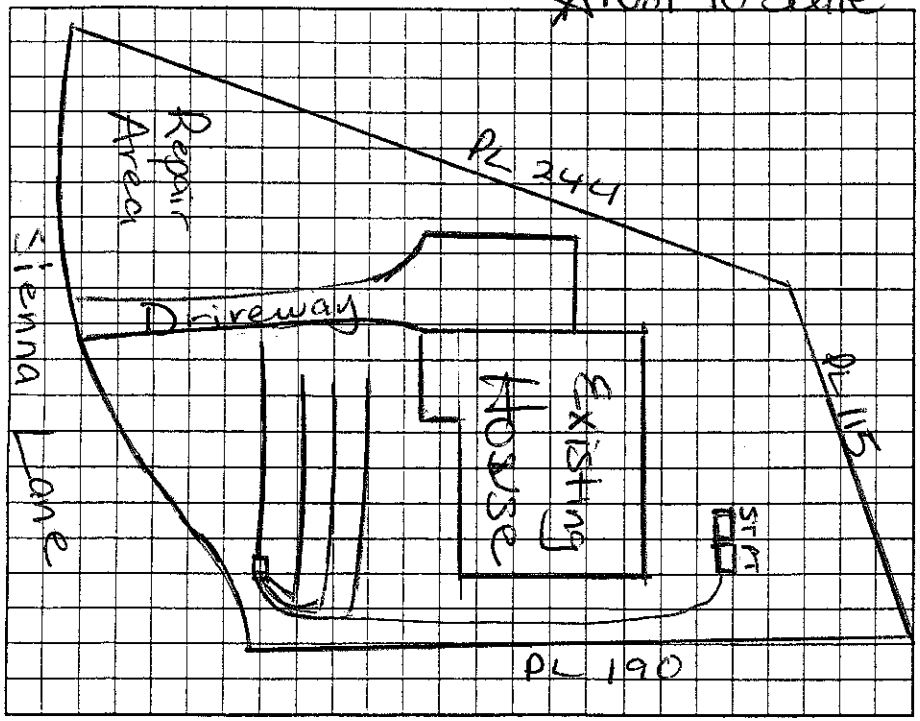
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments/Conditions: Septic System approved for 4 Bedrooms only. Okay to add "Exercise room" in basement. Maint. Agreement attached.

INITIAL SITE SKETCH ☒ Not to Scale



AS BUILT SKETCH

System installed in 1999.

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: Jennifer M Bailey date 2-8-07

Improvement Permit by: Maria H Dolson RS date 1/23/07

Authorization to Construct by: Maria H Dolson RS date 1/23/07

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H Dolson date 2/5/07

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