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. 22008 DATE 9/12/95 TAX MAP NO. 2N A 20 Pt of Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Michael C Bailey PHONE: Business _____ Home 464-2648

ADDRESS 4465 Briarwood Rd. Maiden NC. 28650

LOCATION 150W, TR Pinnacle Shores Dr. TR Sienna Ln. on (L) at cul de sac

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

Septic Tank: 1000 Gallons; STB 794 Date 5/30/99

Pump Tank: 1000 Gallons; PT 27 Date 5/24/99

Pump Make: Bowles Model WE05111N Serial No. F9934150

Nitrification Field: No Fields 1 Square Feet 1400 Linear Feet 228*

No Lines 4 Trench Width ~~24~~ 36" Max Trench Bottom Depth 34"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pressure Panel

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth 6" Stone ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

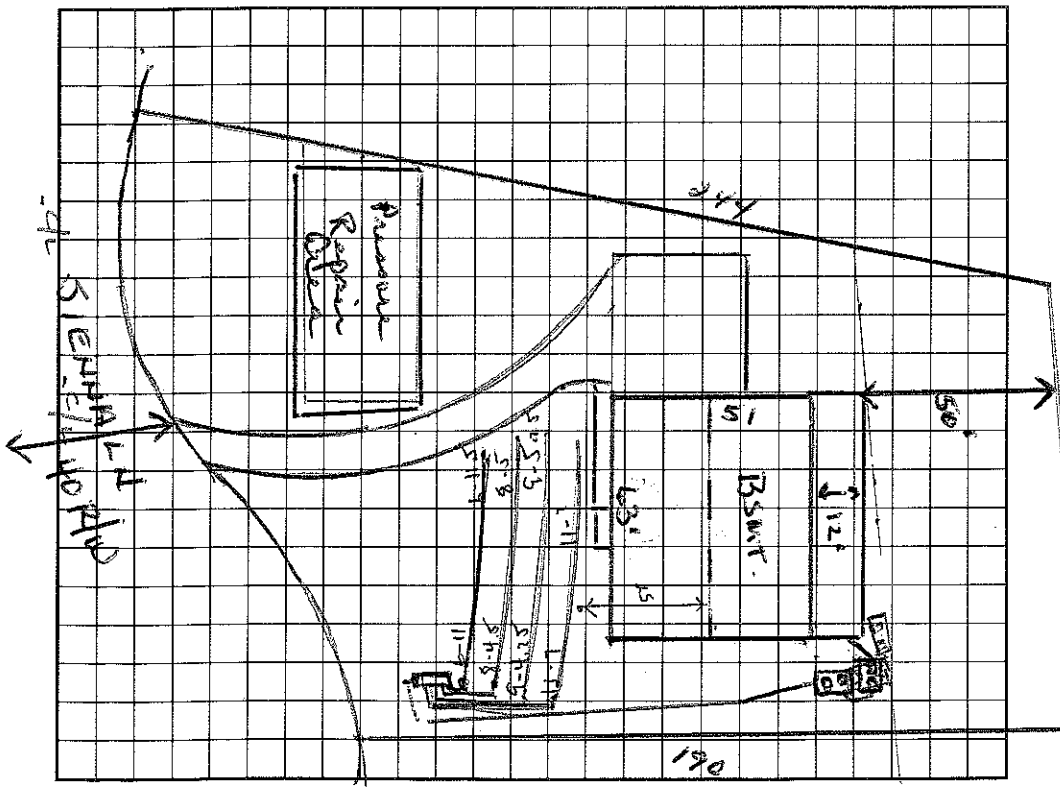
☐ Other

Water Supply: ☐ Individual ☒ Community ☐ Public

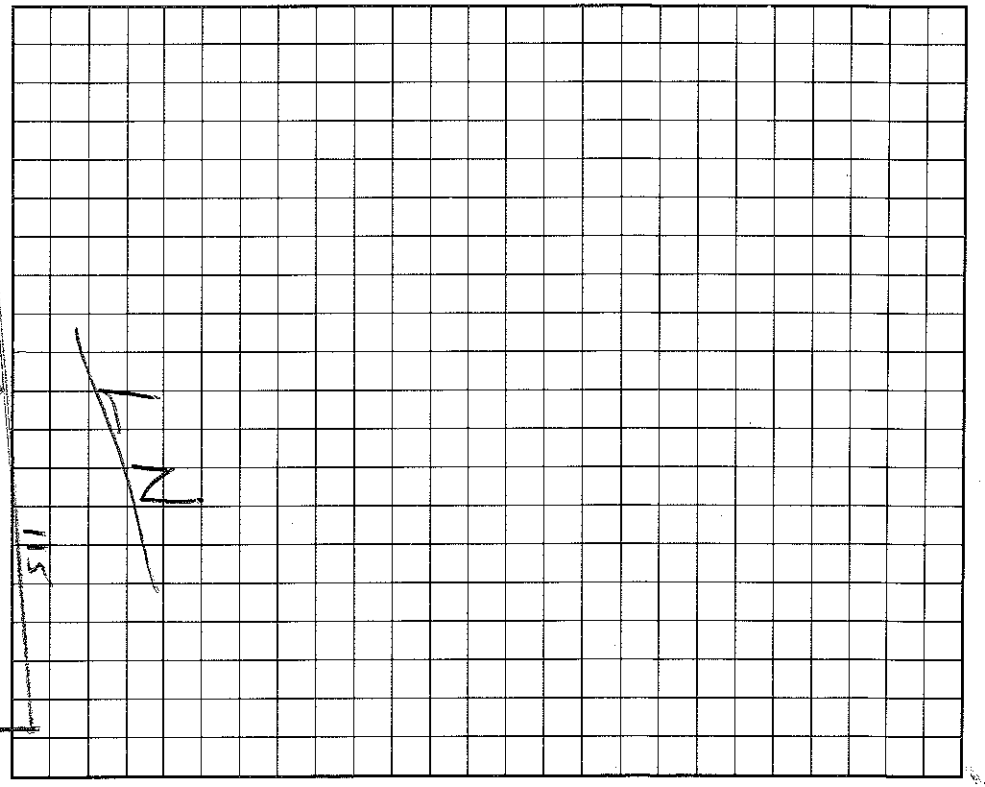
Comments: * 16" Prefab. Panel Blocks Pressure Dosed thru 3" Pressure Manifold - 1/2" Step per drain Line

Comments: 1/17/96 - Msg left with wife 53 pools - 126GPD - 7" : 5" Drawdown Tanks, lines & pressure checked by WS 7-15-99.

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. Authorization to construct valid 5 years.

Signed: * Michael C Bailey

Improvement Permit by: Wesley Sparks RS. date 9/12/95

~~Certificate of Completion by:~~ Authorization to Construct: Wesley Sparks RS date 9/12/95

Installed by: FJ Ervin

Certificate of Completion by: Maria H Dobson date ~~2/4/97~~

Operation Permit by: _____ date _____

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