IREDELL COUNTY HEALTH DEPARTMENT

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

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

(4:00)

PERMIT# 21311 PIN# part of 2N420 4628-61-8890 DATE June 22, 98

OWNER OR CONTRACTOR Nantz Bld. Co. / Emmick & Kathy Jones PHONE: Business 528-6043 Home

ADDRESS 147 Nantz Woods Ln. Troutman

LOCATION 126 Shelter Cove Rd., Mooresville

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 25 LOT AREA ± 20,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3-.25

Septic Tank: 1000 Gallons; STB 1012 Date 6/23/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420+ Linear Feet 210'+

No Lines 3 @ 70'+ Trench Width 24"+ Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: Gravity Panel Block

Repair System Description: LPP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2-1/2 No. Employees ____

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

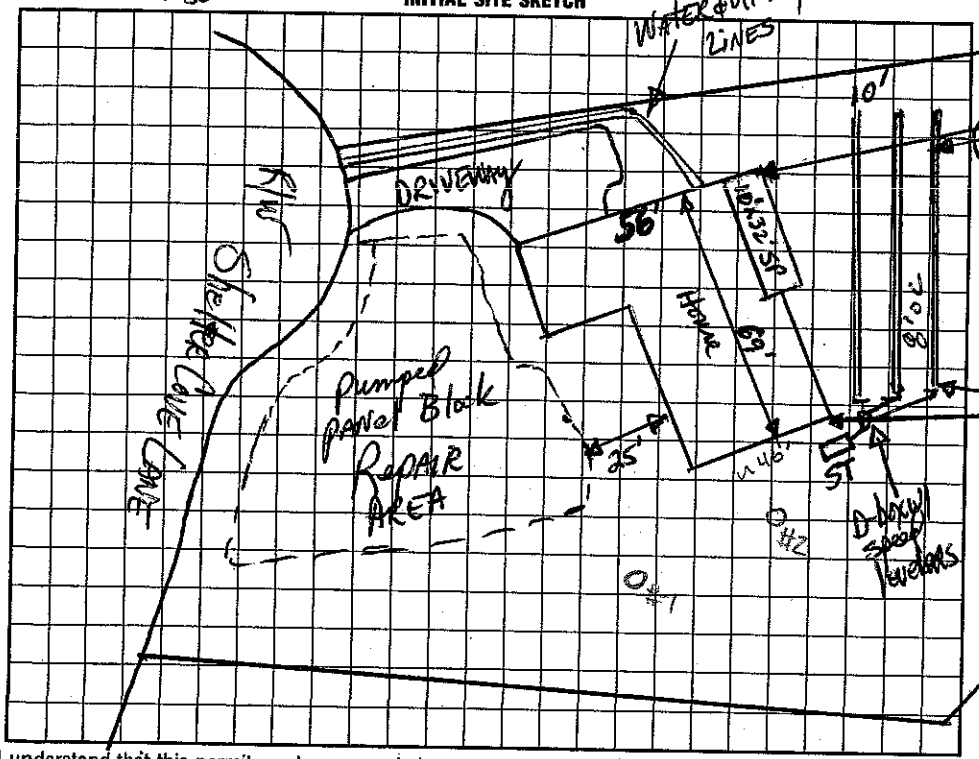
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

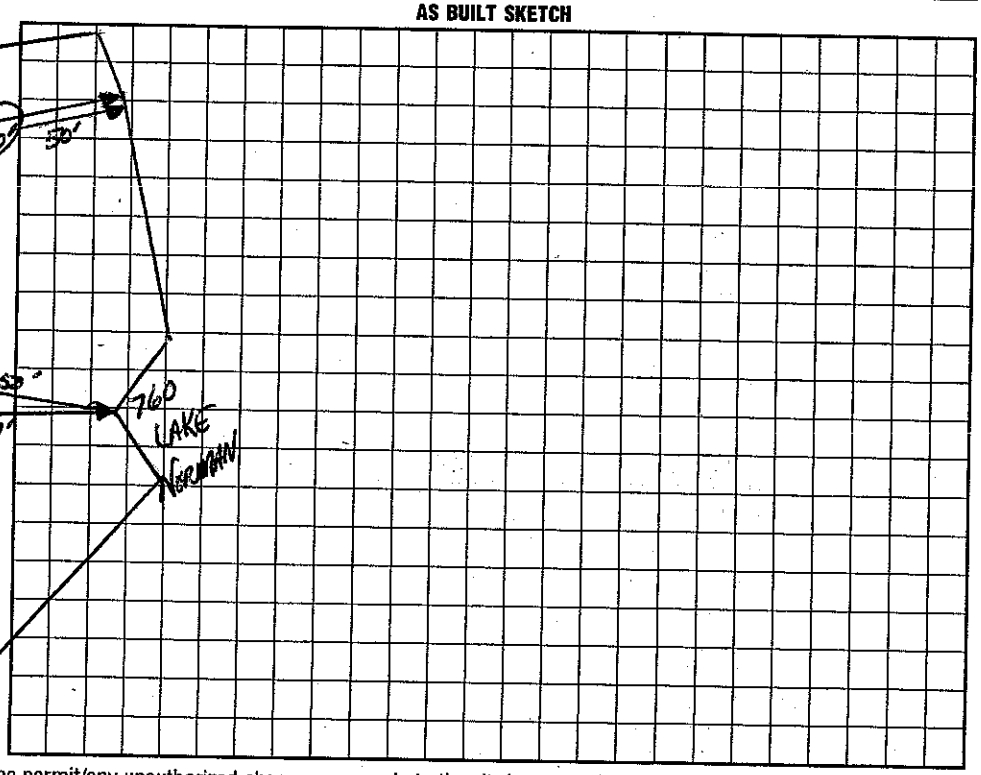
Comments:/Conditions:

1" = 50'

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 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: X

Improvement Permit by: Wayne Johnson, RS date 6-22-98

Authorization to Construct by: Wayne Johnson, RS date 6-22-98

Installed by: Tommy Faye

Operation Permit by: Wesley Sparkman date 8/20/98

Existing System Inspection by: _____ date _____

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