IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 101678 ~~2005~~ 20 PIN# Pt of 2NA20 4628-62-6420 DATE 10/11/01

OWNER OR CONTRACTOR Ed + Nicole Bice PHONE: Business _____ Home 704-947-7550

ADDRESS PO Box 3382 Mooresville, NC. 28117

LOCATION 150W TR Pinnacle Shores Dr., on (R) just past Shelter Cove Ln.

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 33 LOT AREA .71 Ac SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/15/02
Pump Tank: 1000 Gallons; PT 27 Date 3/9/02
Pump Make: Meyers Model ME 50 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 266
No Lines 4@67 Trench Width 2-3' Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LP - 16" APBPS
Repair System Description: SAME SYSTEM
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

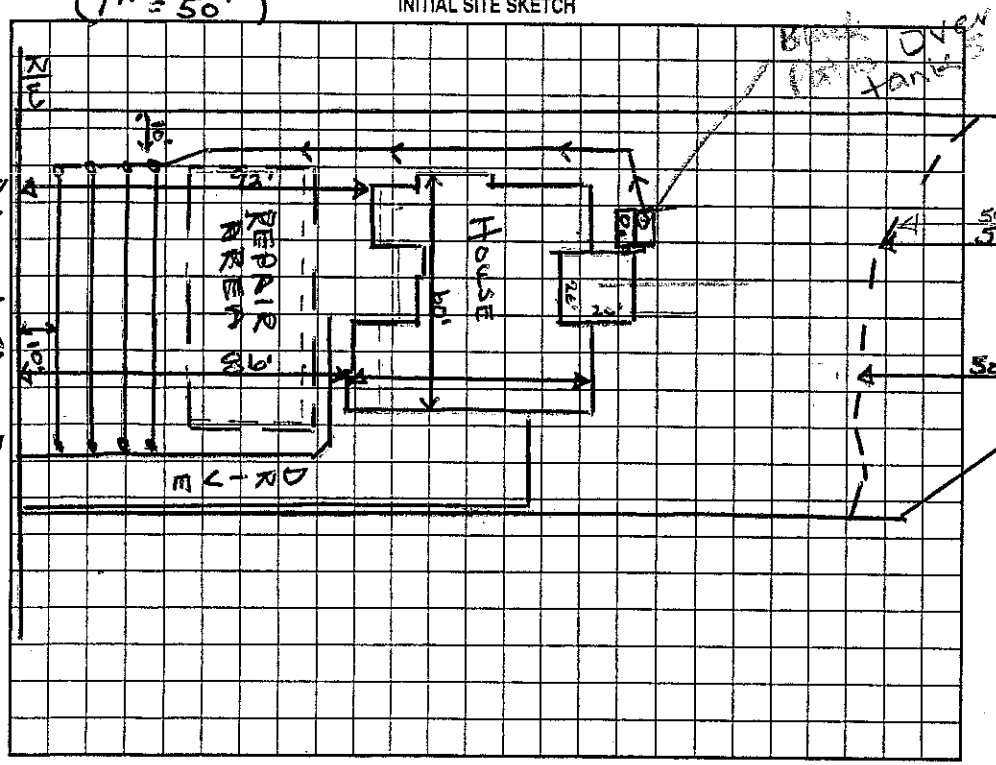
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

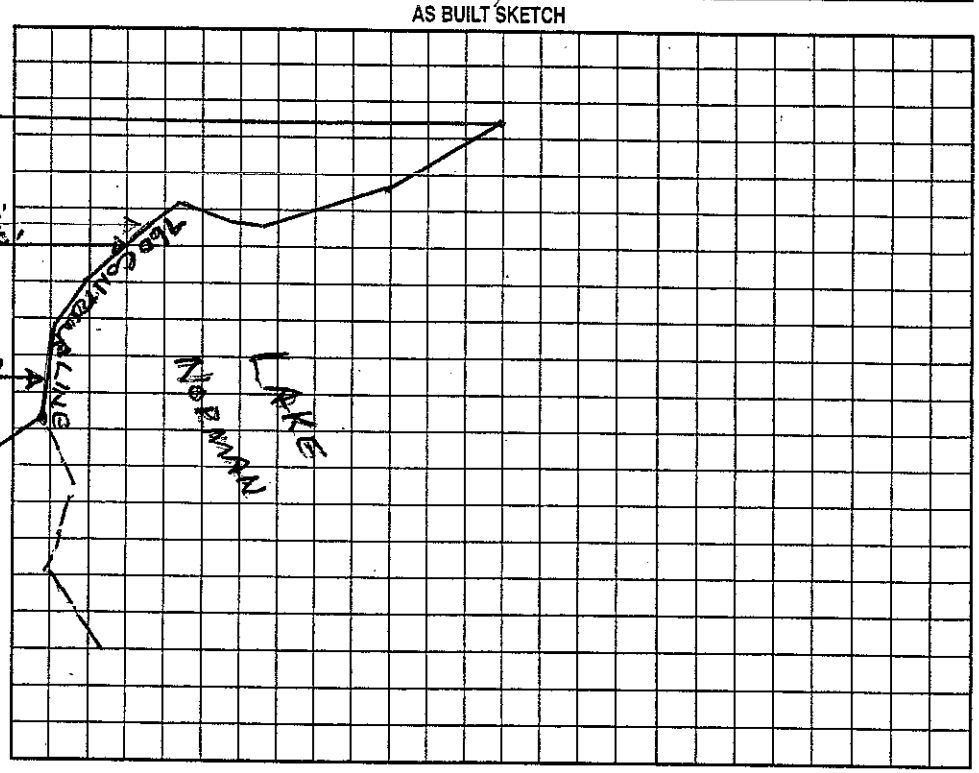
Comments:/Conditions: Tanks & lines checked 4/8/02 by GM
Pres, Elect. & Alarm 6/25/02 MD

(1" = 50')

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: * Francee M Kelly, Sec date 10/16/01
Improvement Permit by: Wesley Sparks RS. date 10/11/01
Authorization to Construct by: Wesley Sparks RS. date 10/11/01

Installed by: R + H
Operation Permit by: Maia H Hobson RS date 6/25/02
Existing System Inspection by: _____ date _____

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