IREDELL COUNTY HEALTH DEPARTMENT

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

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

(2000)

PERMIT# 091549 PIN# 4628627172 DATE 8/31/00

OWNER OR CONTRACTOR Gary Mays PHONE: Business 847-4001 ~~Home~~ Mobile 579-3000

ADDRESS P.O. Box 3581 Matthews, NC 28106

LOCATION 150 W TR Pinnacle Shores TR Shelter Cove 3rd lot on left

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 30 LOT AREA .63 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 97 Date 11/13/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1185' Linear Feet 395'

No Lines 5 Trench Width _____ Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

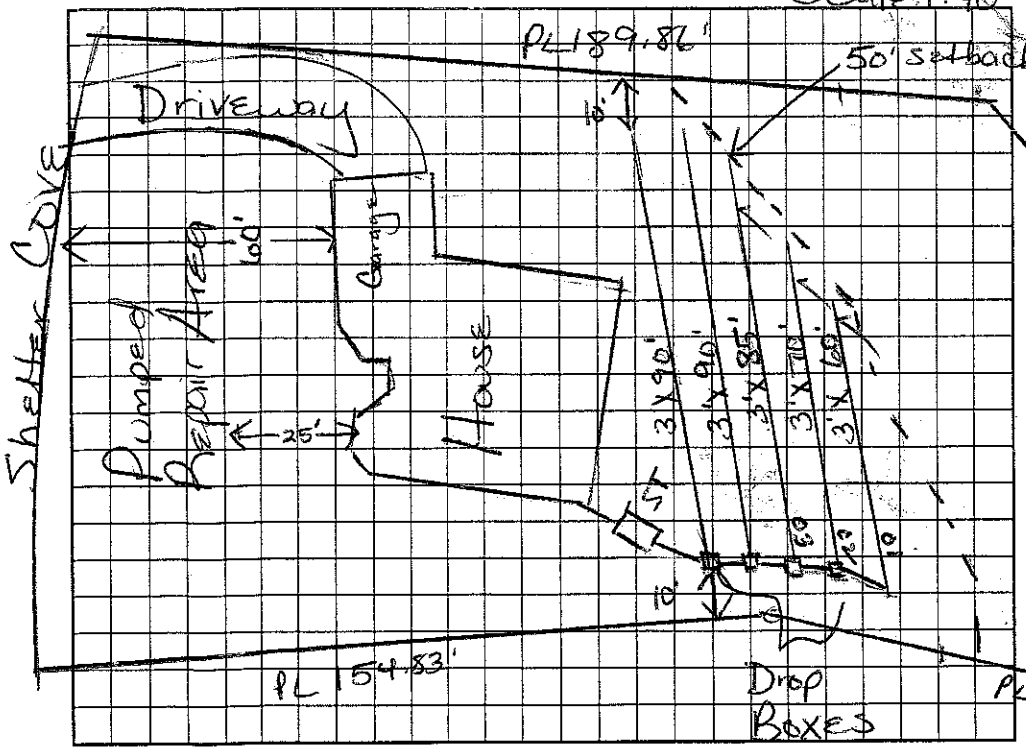
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

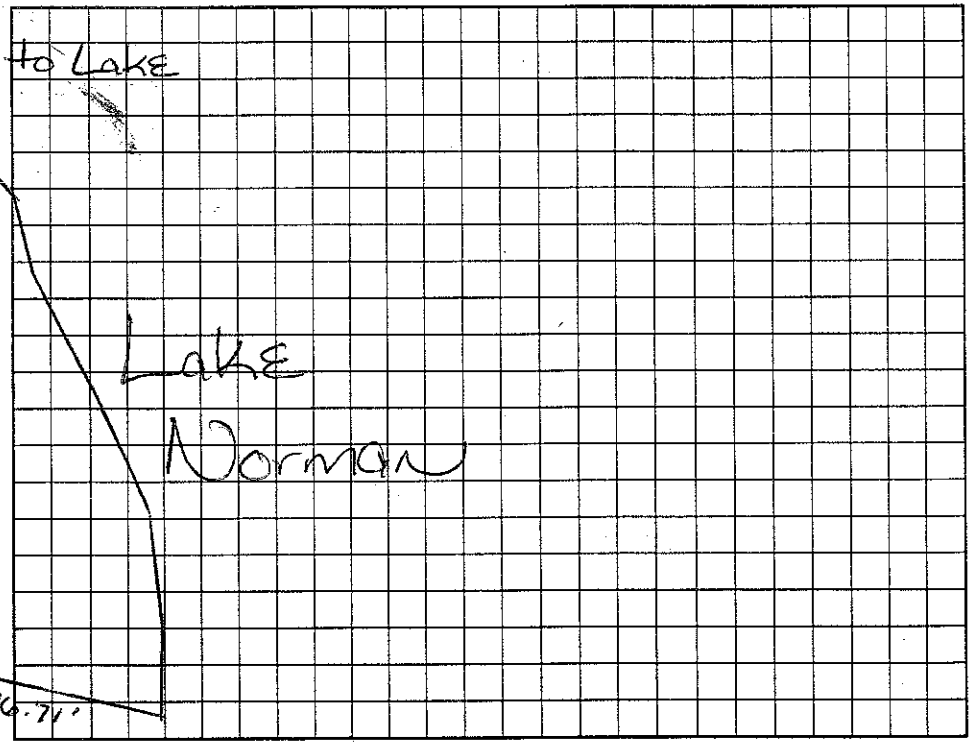
Comments/Conditions: Keep Septic System at least 10' From PL, 50' From lake & 5' From house

Comments/Conditions: Installed substantially as shown. Checked upper 2 lines & filter DEH

INITIAL SITE SKETCH Scale 1:40



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: _____ date 9/7/00

Improvement Permit by: Marian H. Dotson BS date 9/1/00

Authorization to Construct by: Marian H. Dotson BS date 9/1/00

Installed by: W. Norwood

Operation Permit by: _____ date 2-26-01

Existing System Inspection by: _____ date _____

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