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. 21327 DATE August 7 '95 TAX MAP NO. part of 4628-00-4420 4628-63-0132 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc // Robert Fairbrook PHONE: Business _____ Home _____ WS4

ADDRESS PO Box 1003 Charlotte

LOCATION 150' W TR Pinnacle Shores Drive on left near end

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 54 LOT AREA > 20,000sqft SITE CLASS. PSpr1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 6/99	☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI	☑ House/Mod. Home No. Bedrooms 4	Water Supply: ☐ Individual
Pump Tank: 1000 Gallons; PT 32 Date 6/99	System Description: LPPPBPS	☐ Mobile Home No. Bathrooms 4	☑ Community
Pump Make: Zoeller Model N163E Serial No 163-002	Repair System Description: LPPPBPS	☐ Business No. Employees ____	☐ Public
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 270	Maintenance Agreement Required: ☑ Yes ☐ No	☐ Other ____	
No Lines 3 Lo Trench Width 24" Max Trench Bottom Depth ≈30" Gravel Depth N/A	☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing		

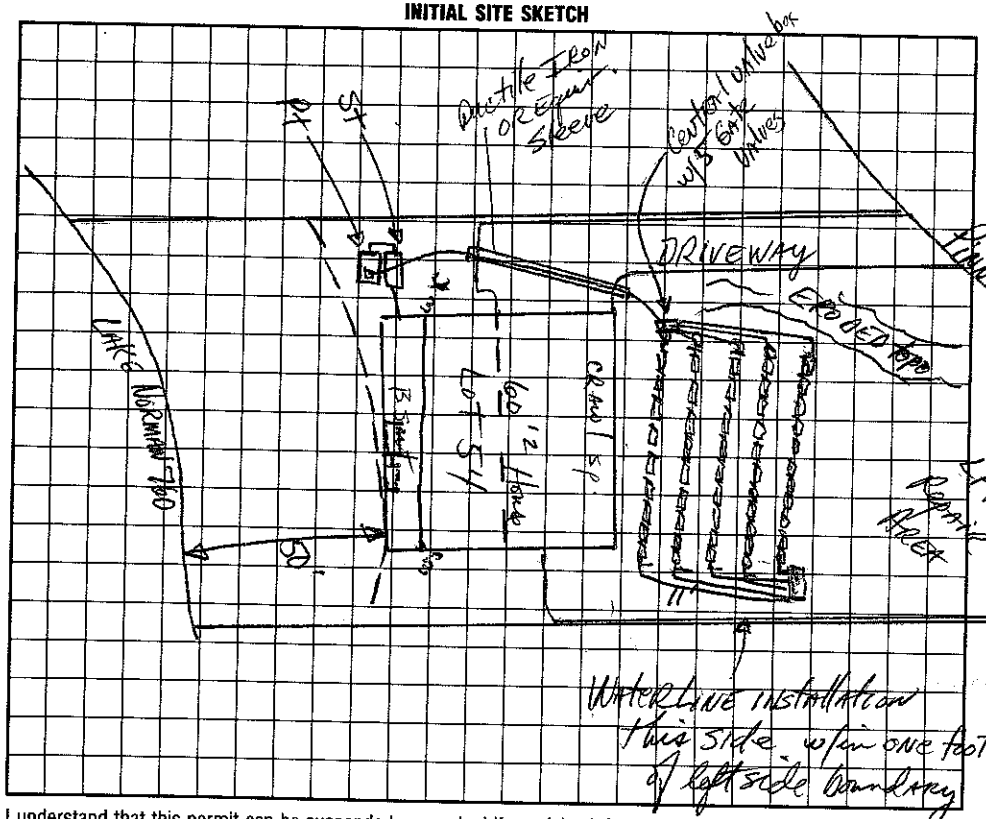
Comments: 6-25-99 Reviewed house & site plan; appears substantially in compliance w/ I.P.

★ Lowest line Shorter

Comments: DEVELOPER Drain Field & pressure tested 2/24/2000 MS

PERMIT Ltr. to Developer 6/25/99

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing deck stairs addition does not appear to impact the existing septic system.

**NOTE: Must keep "footer" at least 5ft from Septic System

Maria Folsom R.S.

Date: 5/28/14

ICHD-Environmental Health Division

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.

Signed: _____

Improvement Permit by: _____ date 8-7-95

Existing System Inspection by: _____ date 6-25-99

Installed by: Dennis Hoyle

Certificate of Completion by: _____ date 4/14/00

Operation Permit by: _____ date 4/14/00

Authority 24 HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD