3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# [illegible] 11714 PIN# 4628 63 1365 DATE 5/12/03

OWNER OR CONTRACTOR Leo L. Boller PHONE: Business _____ Home 704-987-0009

ADDRESS 19921 Chapel Pt Ln. Cornelius NC 28031

LOCATION 150' W TR Pinnacle Shores Dr. at end cul de sac Rt

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 48 LOT AREA 0.85 Ac. SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 339 Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: Myers Model ME50 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 4 Trench Width 24" or 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms 6 No. Employees _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

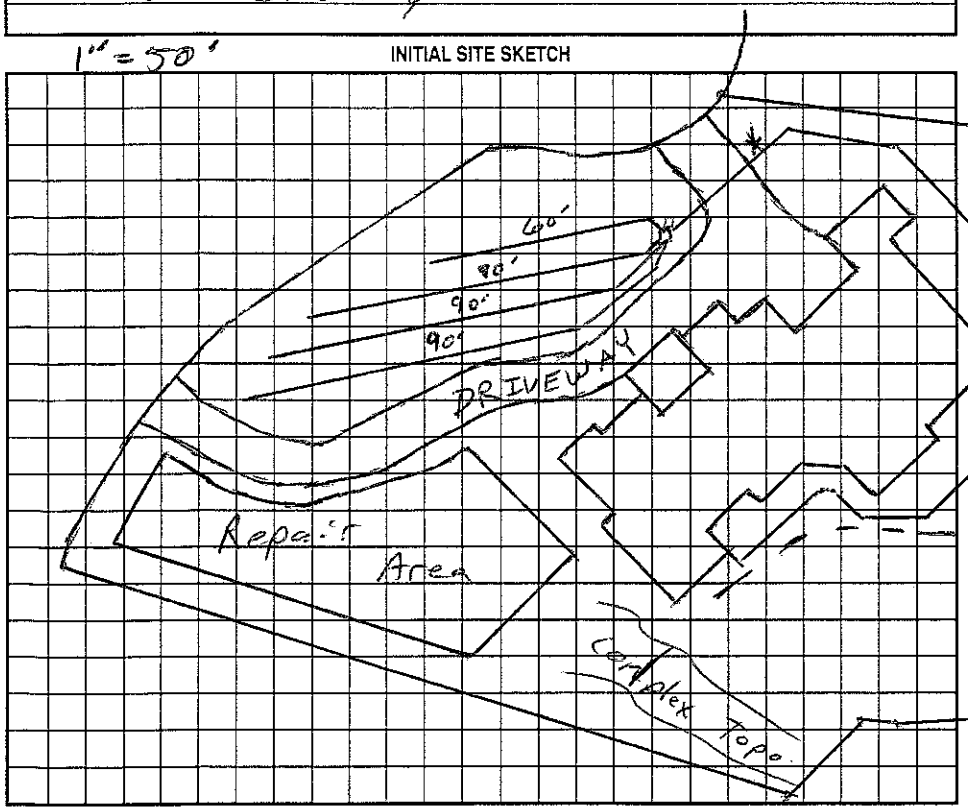
Comments:/Conditions: 5oc 9oc

* Supply line needs to be sleeved oc 30' below Driveway

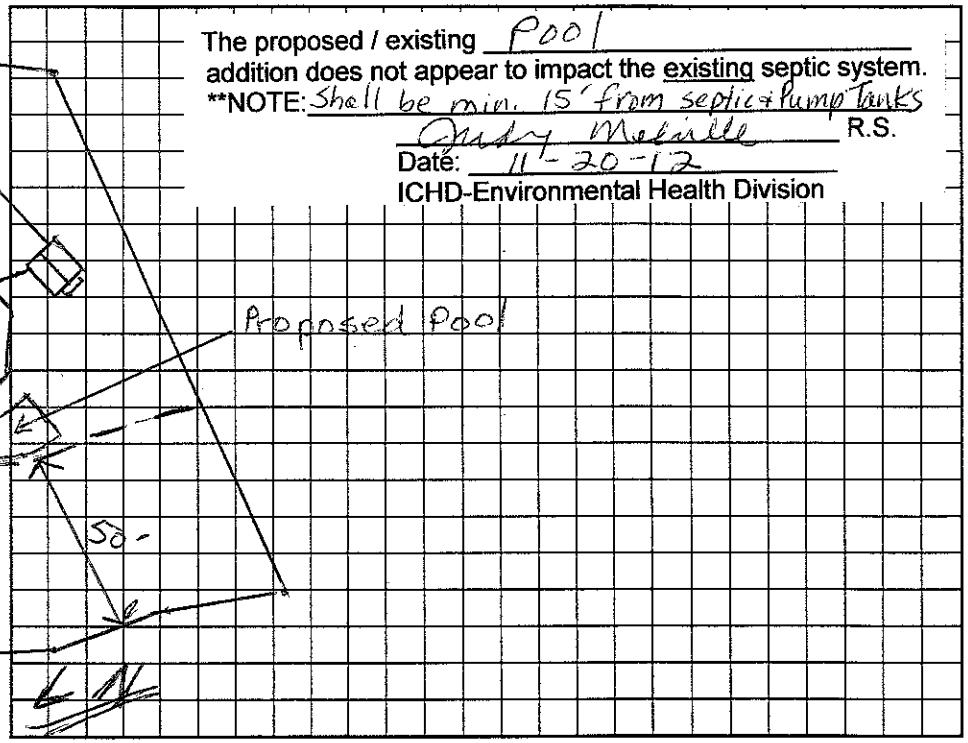
Comments:/Conditions:

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH



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

**NOTE: Shall be min. 15' from septic + Pump Tanks

Cindy Melville R.S.

Date: 11-20-12

ICHD-Environmental Health Division

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: Leo L Boller date 5/21/03

Improvement Permit by: [signature] RS date 5/12/03

Authorization to Construct by: [signature] RS date 5/12/03

Installed by: Abernathy

Operation Permit by: [signature] RS date 4/21/05

Existing System Inspection by: _____ date _____

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