IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21318 62982 PIN# ~~part of 2WA20~~ 4628-63-8135 DATE March 23, '99

OWNER OR CONTRACTOR Barbara Cantor PHONE: Business 896-8971 Home

ADDRESS PO Box 2158, Cornelius, NC. 28031

LOCATION 2150 W. TR Pinnacle Shores Dr. TR Emerald Pt. Lane at end

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 41 LOT AREA .69 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 0612 Date 2-1-00

Pump Tank: 1000 Gallons; PT 610 Date 2-8-00

Pump Make: Hydromatic Model SHEL-50A1 Serial No 51867-0087

Nitrification Field No Fields 1 Square Feet 630 Linear Feet 210

No Lines 3 @ 70' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: LP Pinnacle Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

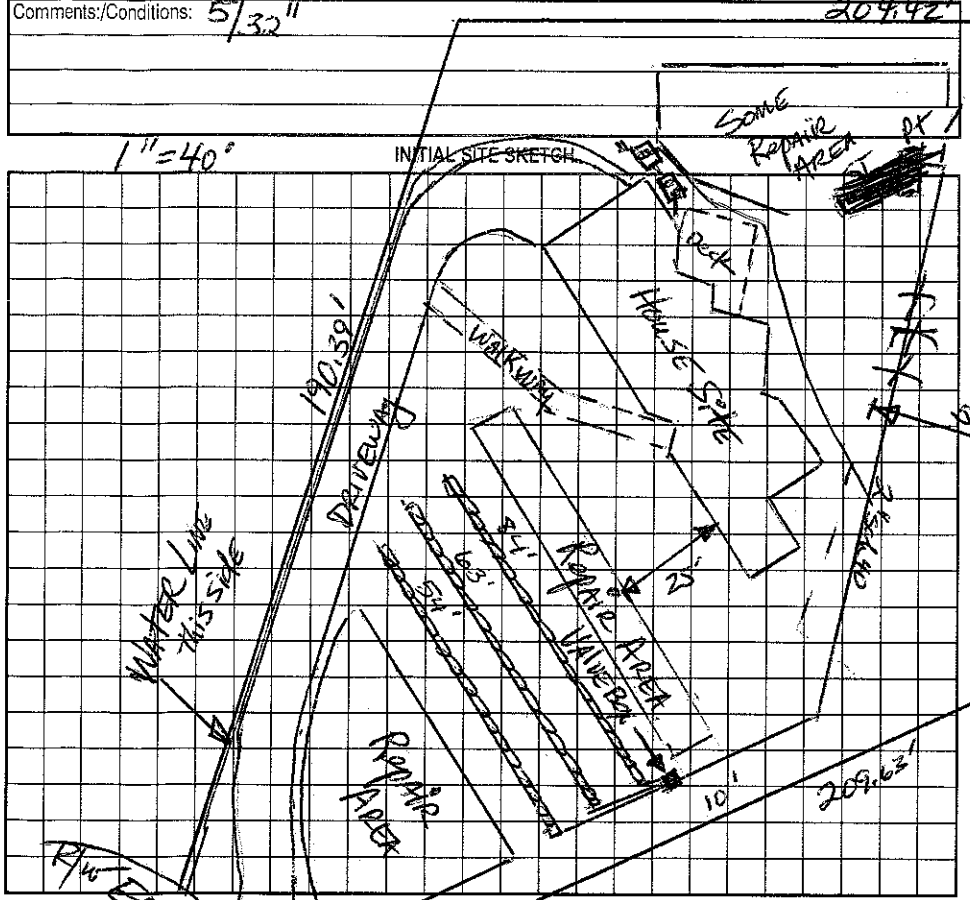
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: 5/32"

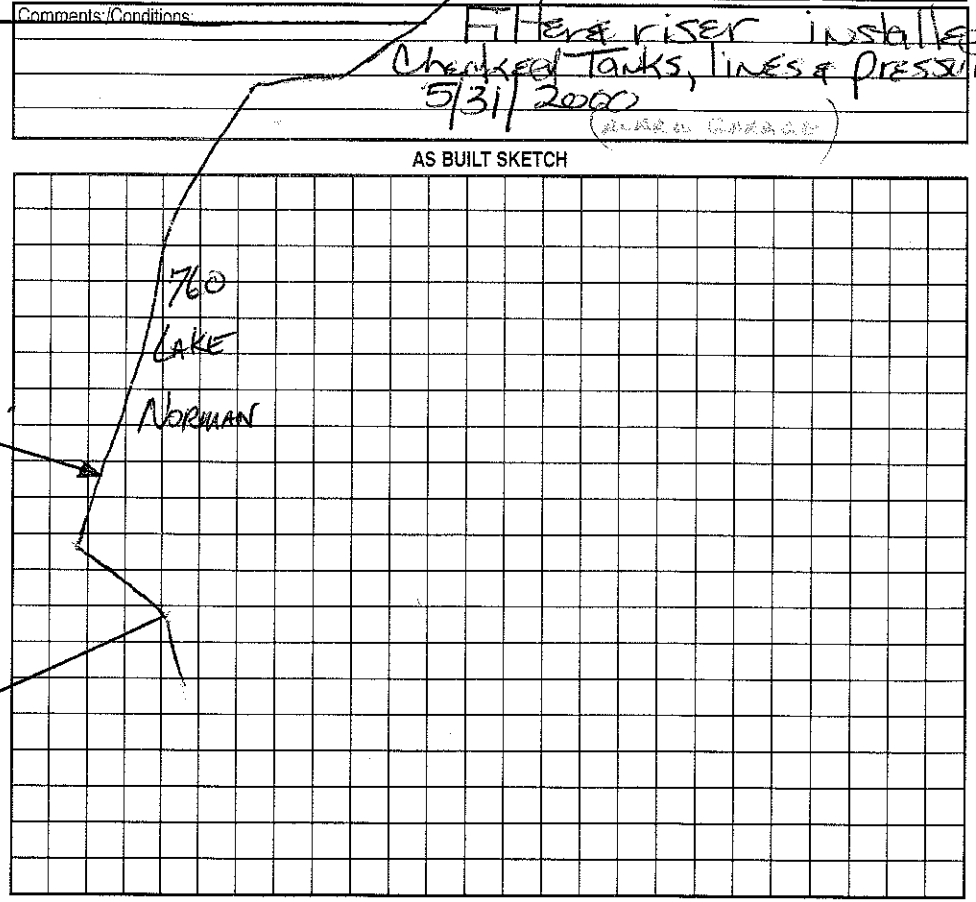
Comments/Conditions: Filter riser installed Checked Tanks, lines & Pressure 5/31/2000 (Near a Garage)

1"=40'

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 site plan 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: Barbara Cantor date 3/25/99

Improvement Permit by: [signature], IPS date 3-23-99

Authorization to Construct by: [signature], IPS date 3-23-99

Installed by: A-1 Backhoe

Operation Permit by: Water Systems date 10/12/00

Existing System Inspection by: _____ date _____

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