IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 400.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 104685 PIN# 4628639012 DATE 5-9-2002

OWNER OR CONTRACTOR Cameron Taylor Brad w/ Spivey PHONE: Business (704) 363-6214 Home (704) 483-9844

ADDRESS P.O. Box 644 Denver, NC 28037

LOCATION Hwy 150 W. TR Pinnacle Shores Dr. TR Emerald Pt Lane at end

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 40 LOT AREA SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 to .35

Septic Tank: 1000 Gallons; STB 794 Date 4/5/03
Pump Tank: 1000 Gallons; PT 27 Date 4/22/03
Pump Make: Gould's Model WE10J2-1/2 Serial No. D036115
Nitrification Field: No Fields 1 Square Feet 536' Linear Feet 268'
No Lines 4@67' ea Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Pump-LP-Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

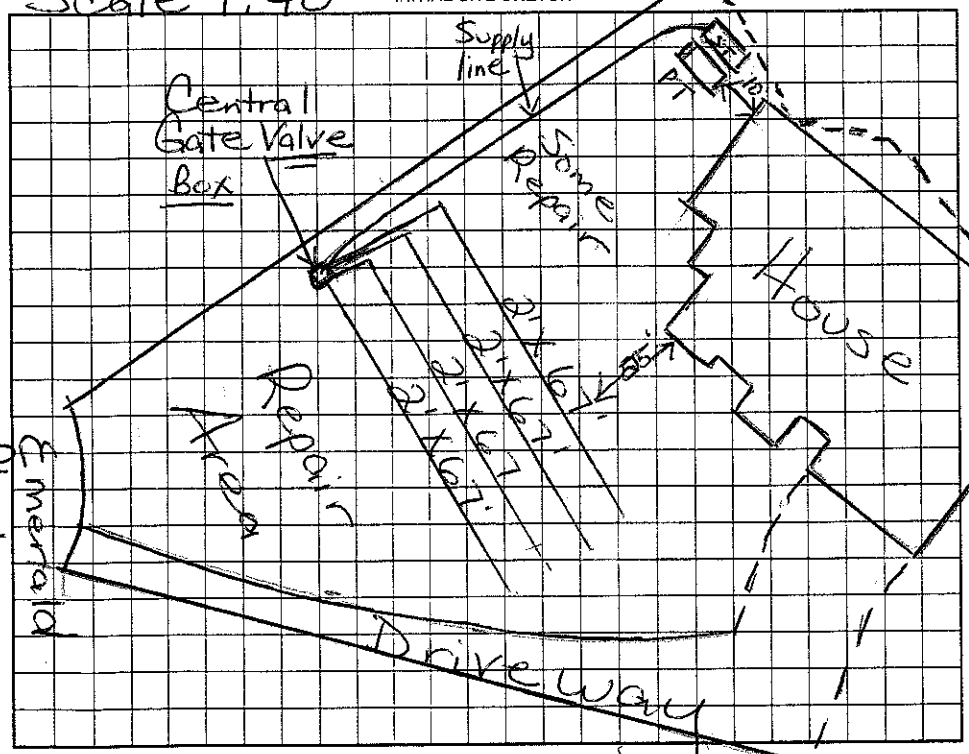
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 5 No. Employees
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

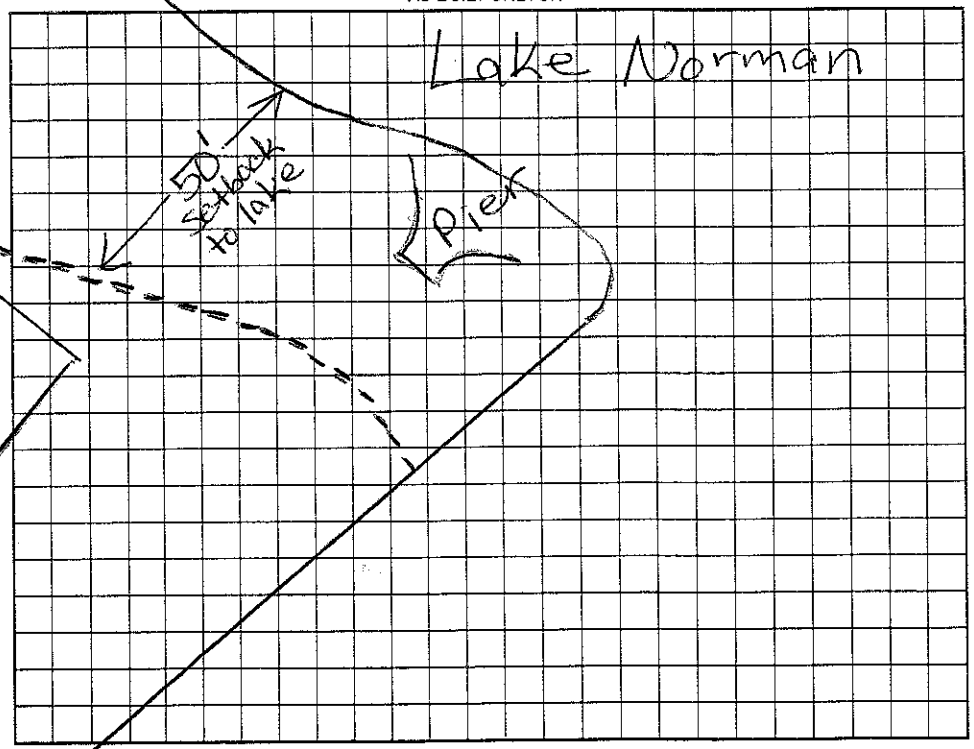
Comments:/Conditions: * Each line is pressurized.
Keep Septic System at least 10' from PL & 50' from lake.
Keep drainfield 25' from basement wall.

Comments:/Conditions:
62 Panels 3/16" holes

Scale 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 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: [signature] date 5/13/02 Installed by: L. Lingle Landscape

Improvement Permit by: [signature] RS date 5/9/02 Operation Permit by: [signature] RS date 10/30/03

Authorization to Construct by: [signature] RS date 5/9/02 Existing System Inspection by: _____ date _____

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