IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21939 PIN# 4628 70 7627 DATE 9/29/00

OWNER OR CONTRACTOR C.R.I (Rent Stump) PHONE: Business 455-0333 Home 947-3824

ADDRESS 126 Long Cove Rd. Mooresville, NC. 28117

LOCATION 150 W TR Long Cove Rd. ~ 500' on (R) before cul de sac

SUBDIVISION Pinnacle Shores BLOCK / SECTION 2 LOT 9 LOT AREA > 20,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 2/16/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 1260* Linear Feet 420 *

No Lines ~~10~~ Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth SAND.

[X] New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: [X] Ch PLASTIC OR EZ FLOW

Repair System Description: Pressure - Ch Plastic

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☐ Crawl Space [X] Basement w/plumbing ☐ Basement wo/plumbing

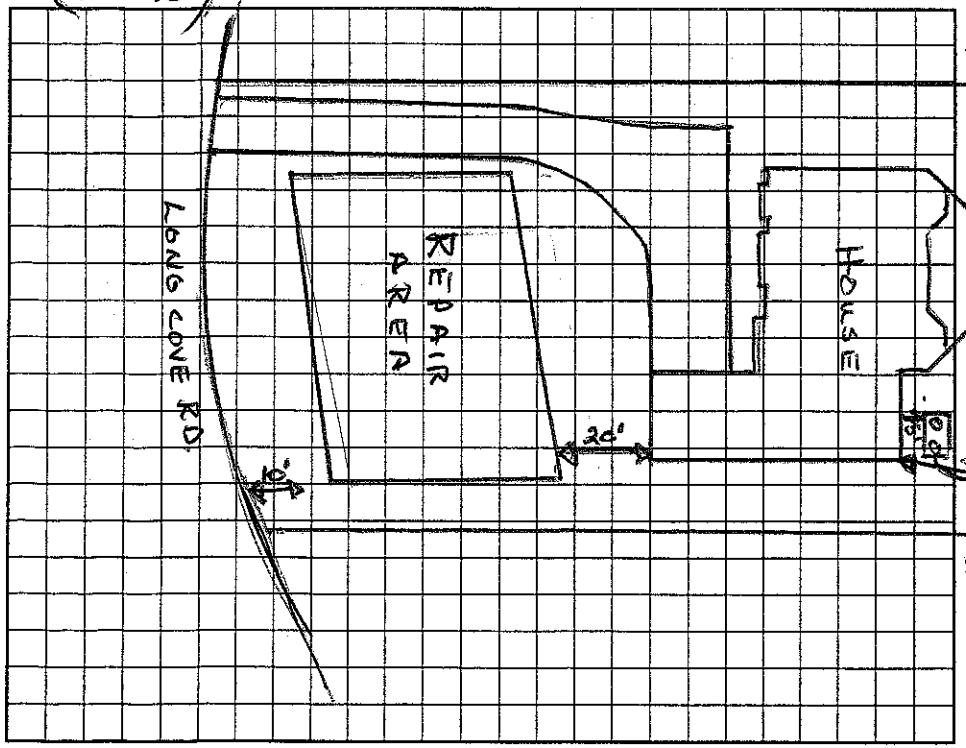
Water Supply: ☐ Individual ☐ Public [X] Community

Comments:/Conditions: * This is a 25% reduction system - install what required on this permit. (5@ 78-79 Trenches.

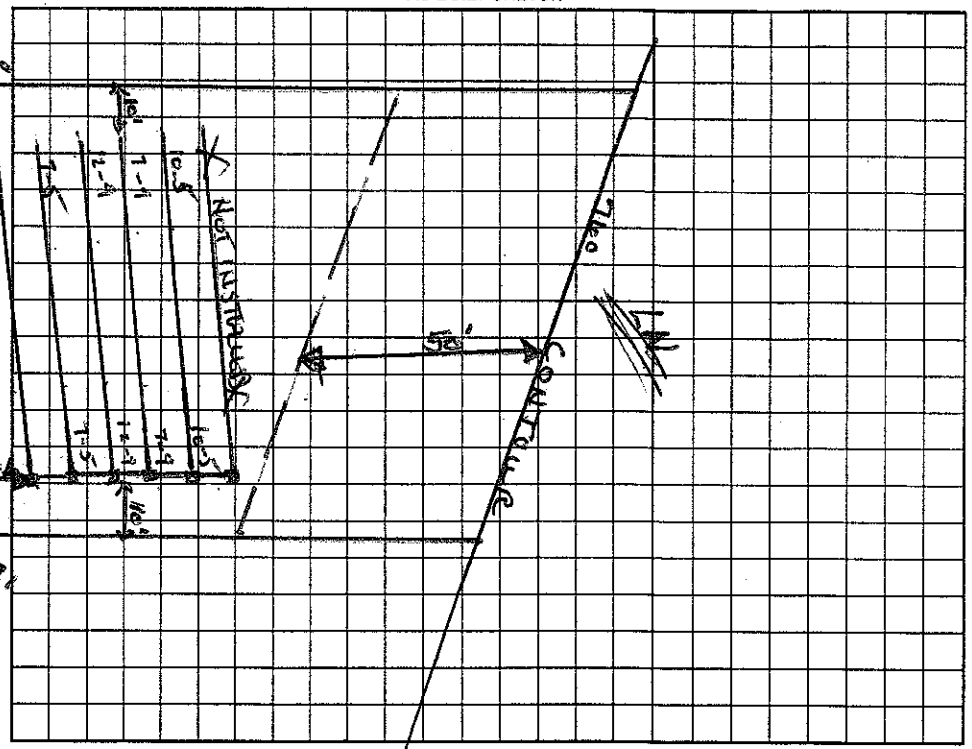
Comments:/Conditions: Req. effluent filter installed.

(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: * R. Stump date ____ Installed by: F. Gwin

Improvement Permit by: Wesley Sparks RS. date 9/29/00 Operation Permit by: [signature] RS date 5/24/01

Authorization to Construct by: Wesley Sparks RS. date 9/29/00 Existing System Inspection by: ____ date ____

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