(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# 072393 PIN# 4628800414 DATE 3/30/98

OWNER OR CONTRACTOR JESSE THOMAS III PHONE: Business _____ Home 394-6970

ADDRESS 8812 PALOMINO CT CHARLOTTE NC 28216

LOCATION I-77 W - IR INDIGO - 1ST LOT ON LT

SUBDIVISION PINNACLE SHORES BLOCK / SECTION II LOT 12 LOT AREA 1.04 AC SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .36/.44

Septic Tank: 1000 Gallons; STB 794 Date 10/19/98

Pump Tank: 1000 Gallons; PT 27 Date 10/25/98

Pump Make: GOULDS Model WEO 311M Serial No. H98L1644

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBERED OR HDS

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

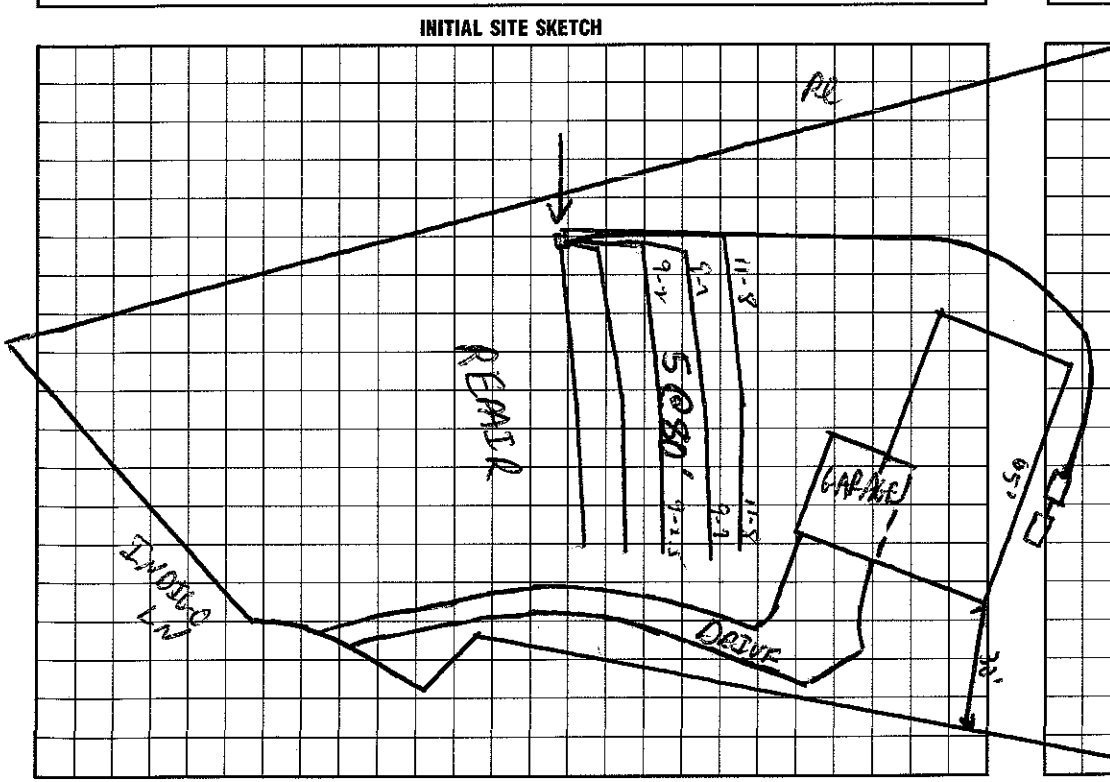
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

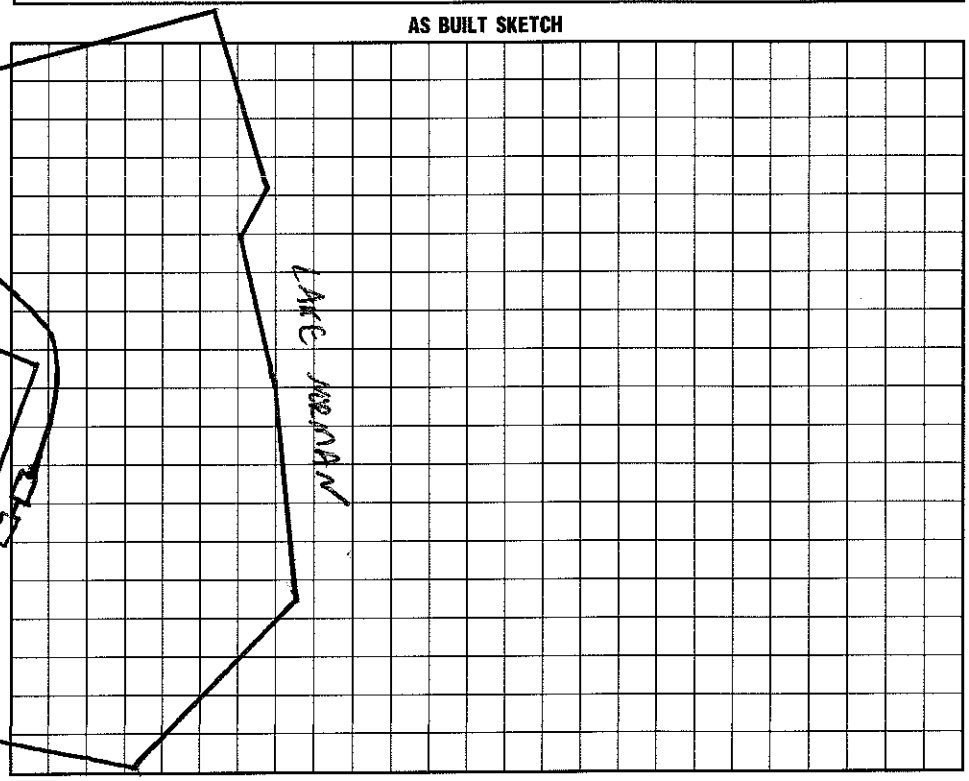
Comments:/Conditions:

Comments:/Conditions:

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**




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. 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: Jesse Thomas III date 3/30/98 Installed by: FJ ERVIN

Improvement Permit by: C. [illegible] RS date 3/30/98 Operation Permit by: Wesley Sparks RS date 1/29/99

Authorization to Construct by: C. [illegible] RS date 3/30/98 Existing System Inspection by: _____ date _____

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