IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 R&P MOORESVILLE 704-664-5281

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

PERMIT# 124957 PIN# 4649 85 4384 DATE 12/2/04

OWNER OR CONTRACTOR Pinnacle Housing Group PHONE: Business 704-902-1836 Home

ADDRESS 16315-F Northcross Dr, Huntersville, NC.

LOCATION 115-N To Flowes Store Rd L Rankin Hill L Magic Forest at end on Cul de sac

SUBDIVISION Magic Forest BLOCK / SECTION 4 LOT 46 LOT AREA .82Ac SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6/18/04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification field: No Fields 1 Square Feet 1200 Linear Feet 400 ✱
No Lines 4 @ 100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - 25% Reduced
Repair System Description: 10" PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

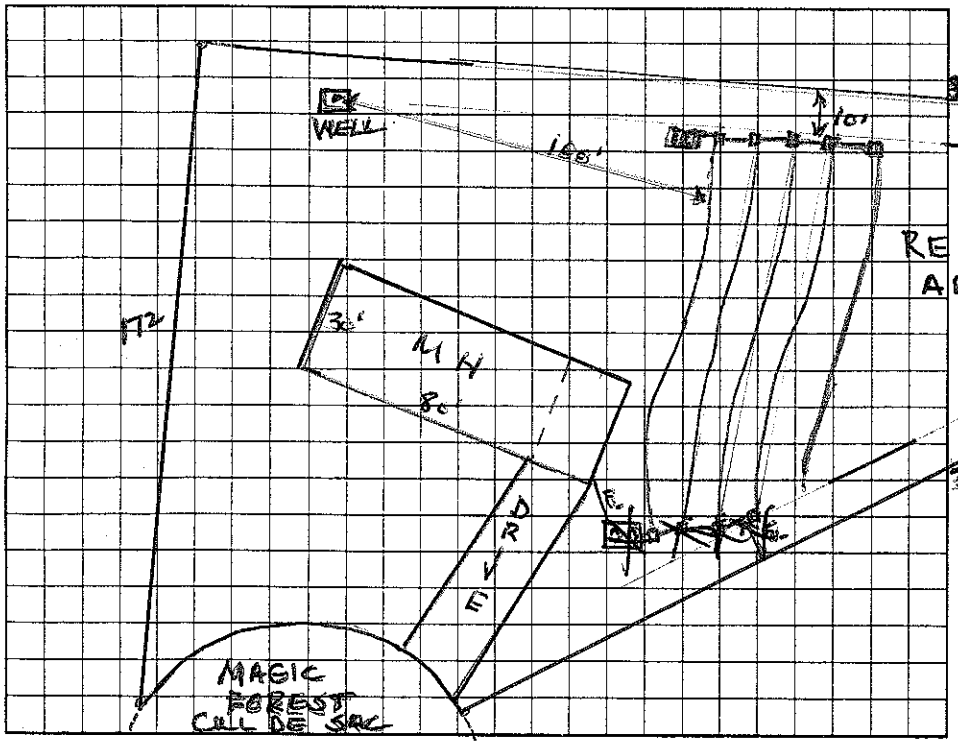
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

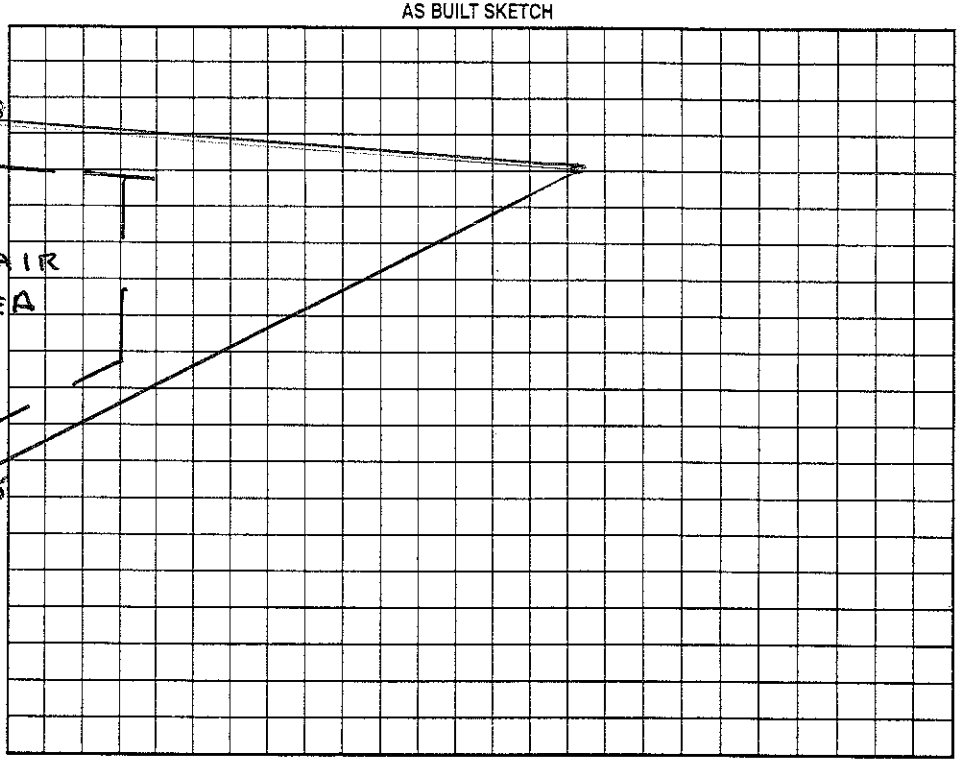
Comments:/Conditions: ✱ 25% Reduced System

Comments:/Conditions: 5 @ 80' ✱ 3'

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: ✱ Dennis Gallihar date 12-2-04
Improvement Permit by: Wesley Sparks R.S. date 12/1/04
Authorization to Construct by: Wesley Sparks R.S. date 12/1/04

Installed by: A-1 Backhoe
Operation Permit by: Wesley Sparks R.S. date 12/13/04
Existing System Inspection by: ____ date ____

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