IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126871 PIN# 4724-74-2450 DAVID HYLES DATE 5-3-05

OWNER OR CONTRACTOR PINNACLE HOUSING CORP PHONE: Business 704-902-7773 Home 704-895-4622

ADDRESS 16315 F NORTHCROSS DR HUNTERSVILLE, NC 28078

LOCATION 70 EAST (R) CENTRAL DR LOT ON LEFT

SUBDIVISION A Cand:11 BLOCK / SECTION _____ LOT 35 LOT AREA 100'x198'/100'x184' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ED=1200' Linear Feet 300'

No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 6224 2STORY POOL

Repair System Description: LP 501.000

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

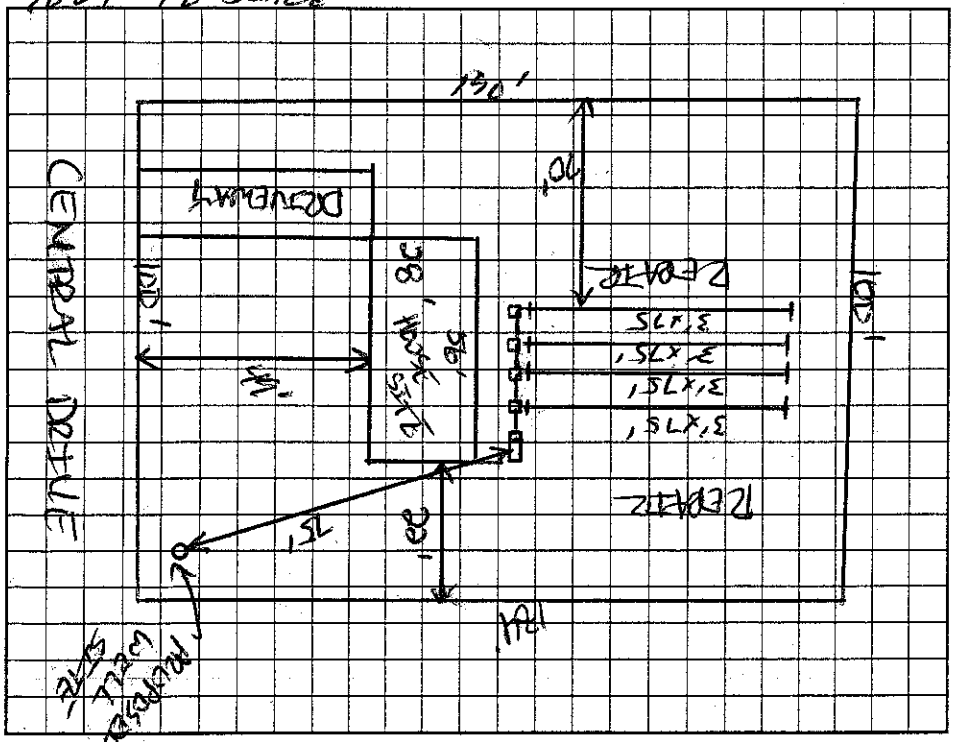
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (E) MAINTAIN SETBACKS

Comments:/Conditions: TUFTITE FILTER IMPERVIOUS INSTALLED AS DRAWN WELL NOT INSTALLED AT TIME OF CHECK

"NOT TO SCALE" 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: David Hyles date 5-3-05 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 5-3-05 Operation Permit by: _____ date 5-3-05

Authorization to Construct by: _____ date 5-3-05 Existing System Inspection by: _____ date _____

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