IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131797 PIN# 4760660137 DATE 10/13/05

OWNER OR APPLICANT Pinnacle Housing Group, LTD PHONE: Business _____ Home _____

ADDRESS 16315-F Northcross Dr. Huntersville NC 28078

LOCATION I-15 N, TR Statesville, TL Brawley Rd, on Rt

SUBDIVISION Strawberry Hill BLOCK / SECTION _____ LOT 5 LOT AREA 28,750 SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. 0.325

Septic Tank: 1000 Gallons; STB 1012 Date 3-28-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1110 Linear Feet 370
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity 25% Reduct.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

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

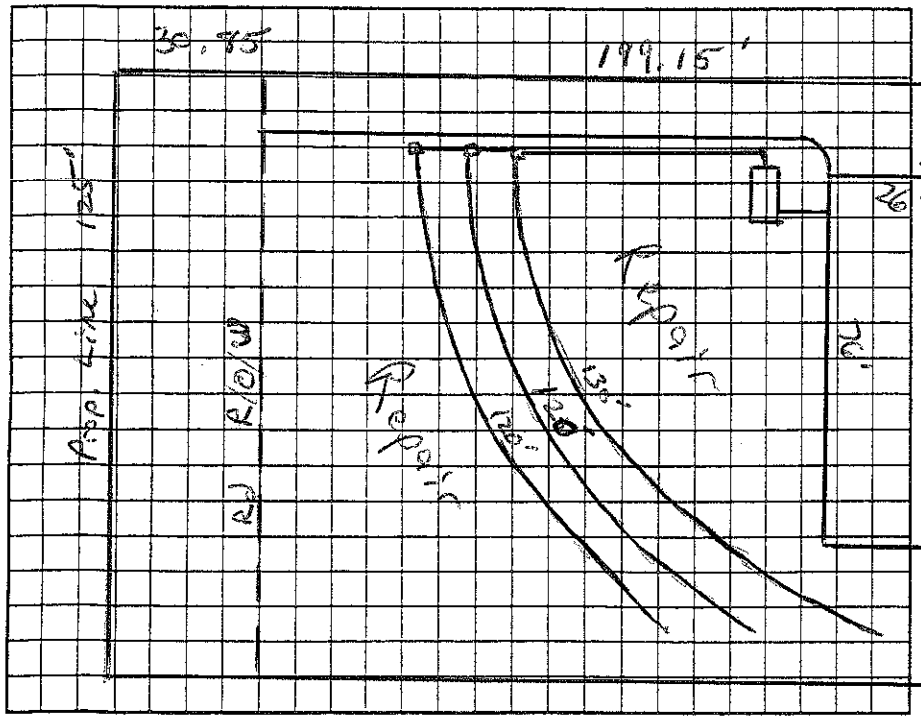
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth — ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

1"=40'

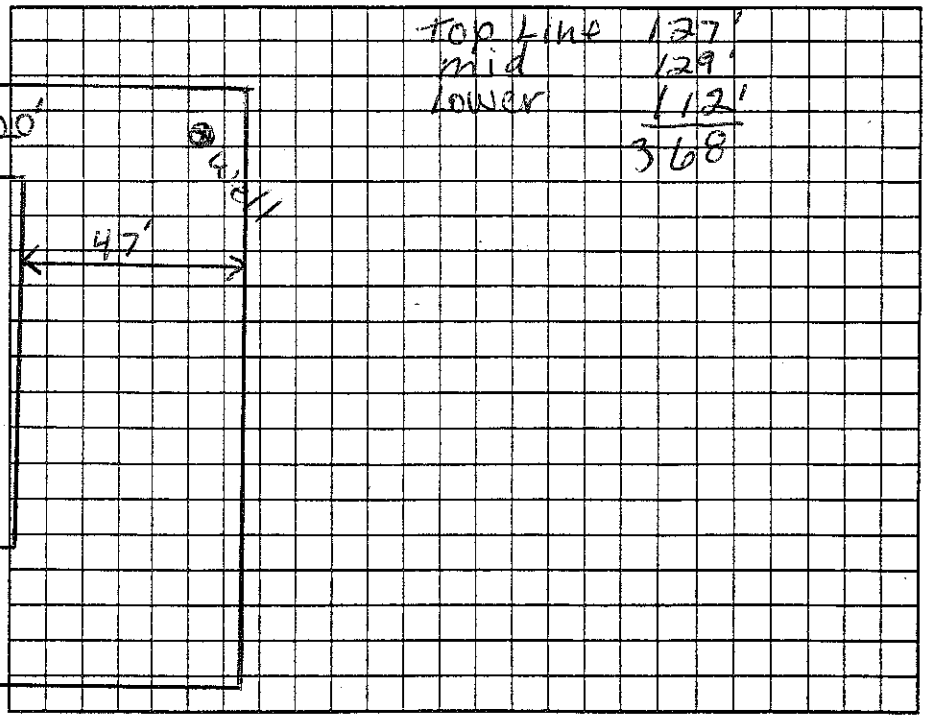
INITIAL SITE SKETCH



Comments:/Conditions:

Yellow Tuf-Tite filter
Septic tank with marker
Chambers Quick 4 installed as 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 A Mill, Pres date 10/14/05 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 10/13/05 Operation Permit by: Jerry Melville date 10-20-05

Authorization to Construct by: _____ date 10/15/05 Existing System Inspection by: _____ date _____

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