IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126226 PIN# (35) 4762-21-8848 / 4762-21-9849 (-36) DATE 3-11-05

OWNER OR CONTRACTOR PINNACLE HOUSING GROUP, LLC PHONE: Business 704-895-4622 Home 704-902-7773

ADDRESS 16315-F NORTHCROSS DRIVE, HUNTERSVILLE, NC 28078

LOCATION US 70 EAST, TR BETHESDA ROAD, TR FAIRWINDS LANE, LOTS AT END ON RIGHT

SUBDIVISION FAIRWINDS BLOCK / SECTION II LOT (35)/36 LOT AREA 1.5406 ACRES SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. 0.25 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-22-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields L Square Feet EQ.P 1440 Linear Feet 360

No Lines FOUR 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: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

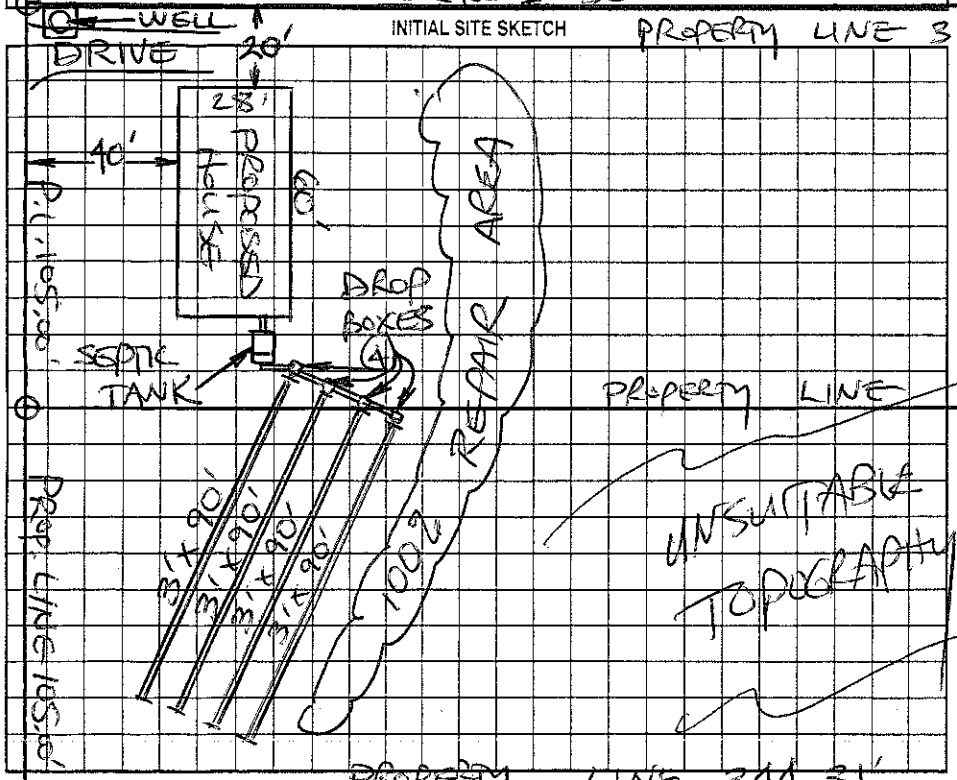
Water Supply: ☑ Individual ☐ Public ☐ Community

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

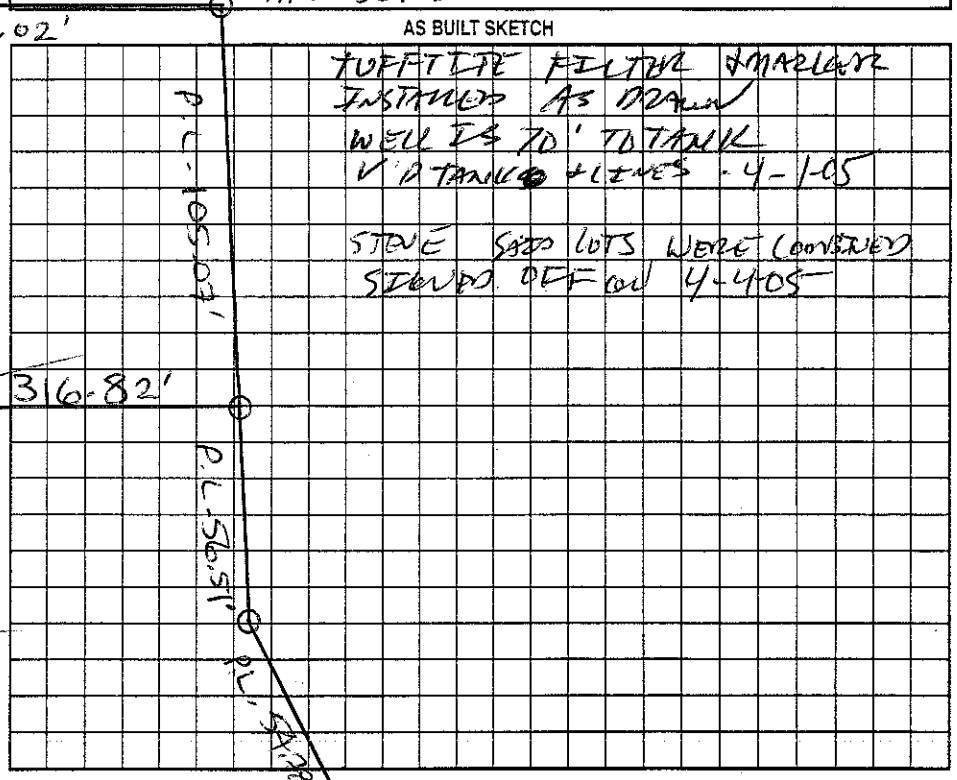
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL. SITE SCALE: 1" = 50'

Comments:/Conditions: DANE HYKES - LC - INSTALLER CALLED. TANK IS 70' TO WELL, ALLOWABLE. SOIL SHEET DOES NOT INDICATE SAPROLITE GREATER THAN 50%.

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: _____ date 3/14/05 Installed by: A-1 BACK HOE

Improvement Permit by: STEVE HEDRICK date 3-11-05 Operation Permit by: _____ date 4-4-05

Authorization to Construct by: STEVE HEDRICK date 3-11-05 Existing System Inspection by: _____ date _____

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