READY TO ISSUE 4/3/95 DRH

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

DEVELOPER PERMIT

OWNER OR CONTRACTOR Ron L. Smith Crescent Resources, Inc. DATE Aug. 7, '92 PERMIT NO.

PHONE: Business Home

LOCATION SR 1100 TR SR 1115 to end straight in sharp curve 2nd lot on right S.R. No.

SUBDIVISION NAME Pine Knoll Court LOT NO. 2 SECTION OR BLOCK NO.

April 3, 95 Revisited site - house in area shown - Owner desires to flip driveway to Right side Septic tank and Pump tank to be on left side. Well driller to request variance for well w/in 50' of lake 760.

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 30,768 ft²

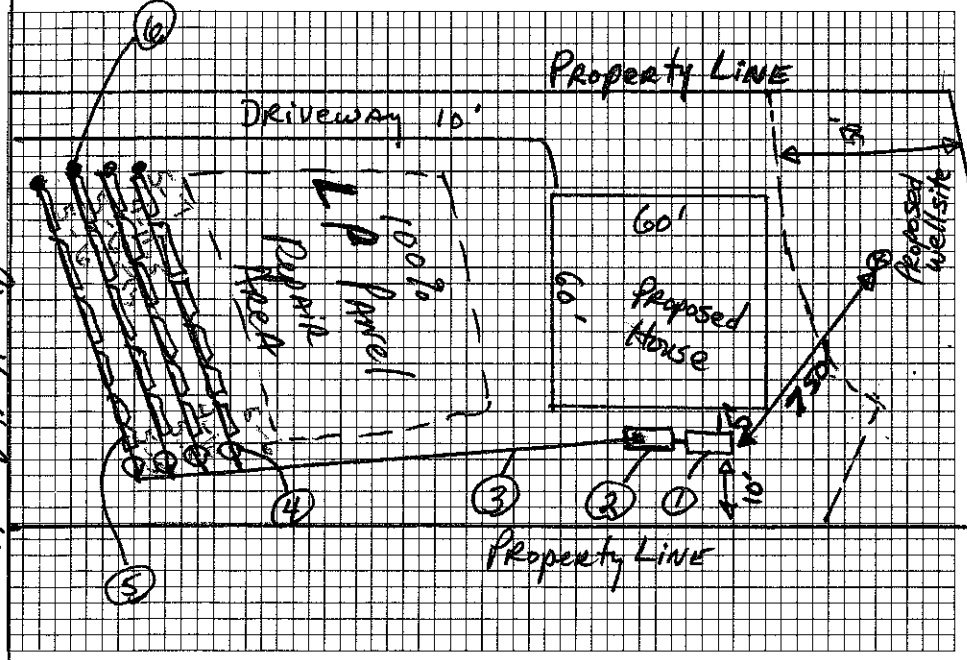
Soil Characteristics vfi clay

Application Rate .3 gal/ft²/day

Topography 4 6%

Depth to Water Table > 4'

Rock or other impervious formations None obs.



Plot of System (Not to Scale)

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

Size of Tank ST 1500 / PT 1500 Gals.

Nitrification Field:

No. of Lines ~4

Sq. Ft. _____ Linear Ft. 290' of

Depth of Stone in Lines LP 16" PPBS

Water Supply: Individual ☑ Public ☐

S/T - 8/17/95 - STB 1012

P/T - 12/2/94 PT159

Installed by

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed [illegible], CPSS

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

Pump specs: 37 gal/min at approx. 20' total head

IMPROVEMENT PERMIT BY Mark R. Hunsucker, R.S.

COMMENTS ① Septic Tank, ② Pump Tank, ③ 2" Sch 40 pump line, ④ Ball Gate Valves, ⑤ 16" PPBS Lateral, ⑥ Stand pipe w/ cover & below grade adaptor. Follow contour with drainfield. 36" maximum trench bottom depth. 1¼" Sch 40 pvc through panels with one 3/16" hole per panel located midways of panel and pointed up. 62 panels total. 2' pressure head

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold