IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 065664 DATE May 30, '97 TAX MAP NO. ~~4625941684~~ (pt.) 4625-19-7235 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources clo / Francis Tom Wurtz PHONE: Business _____ Home _____

ADDRESS PO Box 1803 Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TR Shipyard Pt. TL Cedar Bluff at end

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT ~~37~~ 36 LOT AREA 43,604 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/23/98

Pump Tank: 1000 Gallons; PT 27 Date 9/23/98

Pump Make: HYDROMATIC Model SK50 Serial No. —

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

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

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments:

The proposed / existing Bed Room Extension addition does not appear to impact the existing septic system.

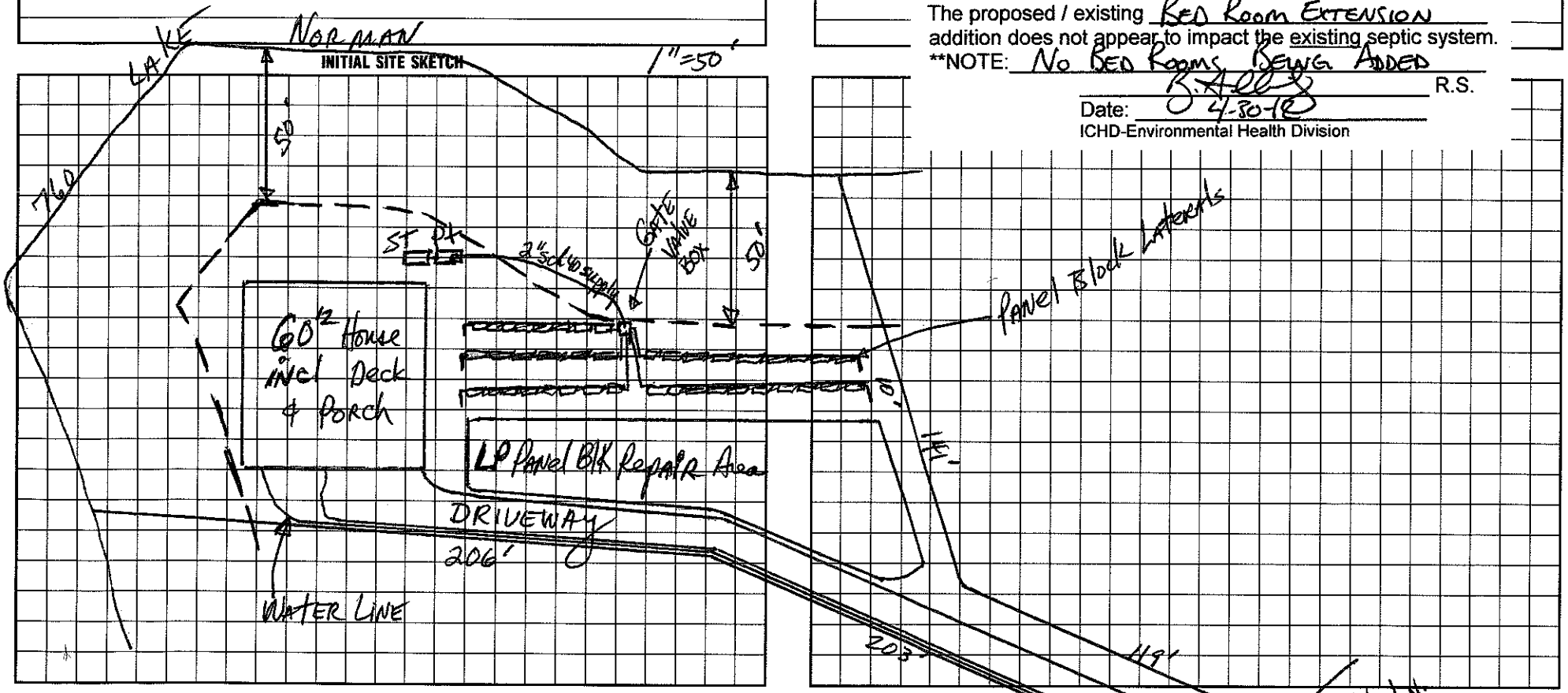
**NOTE: No Bed Rooms Being Added

B.A. Ellis R.S.

Date: 4-30-98

ICHD-Environmental Health Division

INITIAL SITE SKETCH 1"=50'



I understand that this 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 is valid for 60 months from date of issuance.

Signed: X _____

Improvement Permit by: DR Francis, RS date 5-30-97

Construction Authorization ~~Existing System Inspection~~ by: DR Francis, RS date 1-15-97

Installed by: AMMONS

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks 2/10/99 date 2/10/99

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