IREDELL COUNTY HEALTH DEPARTMENT

Const Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

FJ 3:00-3:30

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

PROPERTY DESCRIPTION NO. 065654 DATE July 7, '97 TAX MAP NO. 4625941684 (pt) 4625198454 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc PHONE: Business _____ Home _____ WS IV CA

ADDRESS PO Box 1003 Charlotte

LOCATION Brawley Sch Rd TR Bay Harbour TR Shipyard Pt. TL Cedar Bluff on Right in cul-D-SAC

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 35, 35A LOT AREA 25,619ft² + SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8/5/00

Pump Tank: 1000 Gallons; PT 283 Date 5/27/00

Pump Make: Doulds Model WEO 712H Serial No. C6035531

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: pumped-pw- conventional

Repair System Description: stone / chambered

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

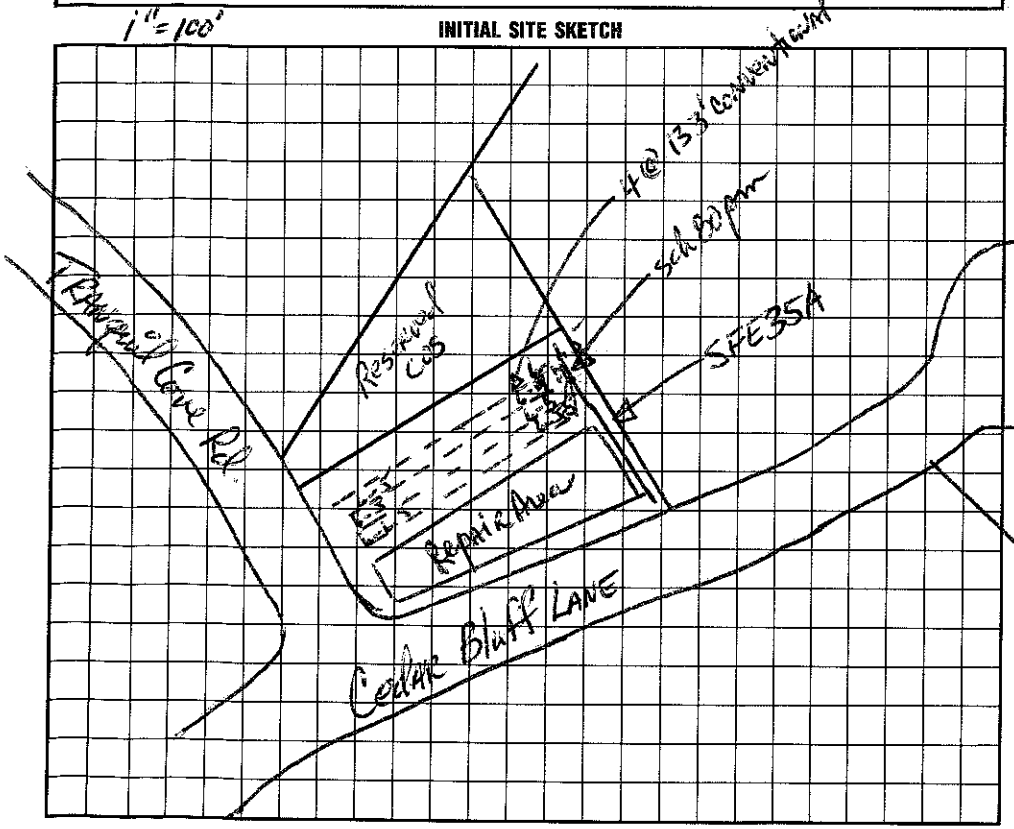
Comments:

6-16-99 Reviewed house & site plan - appears in compliance w/ Sat. TRH

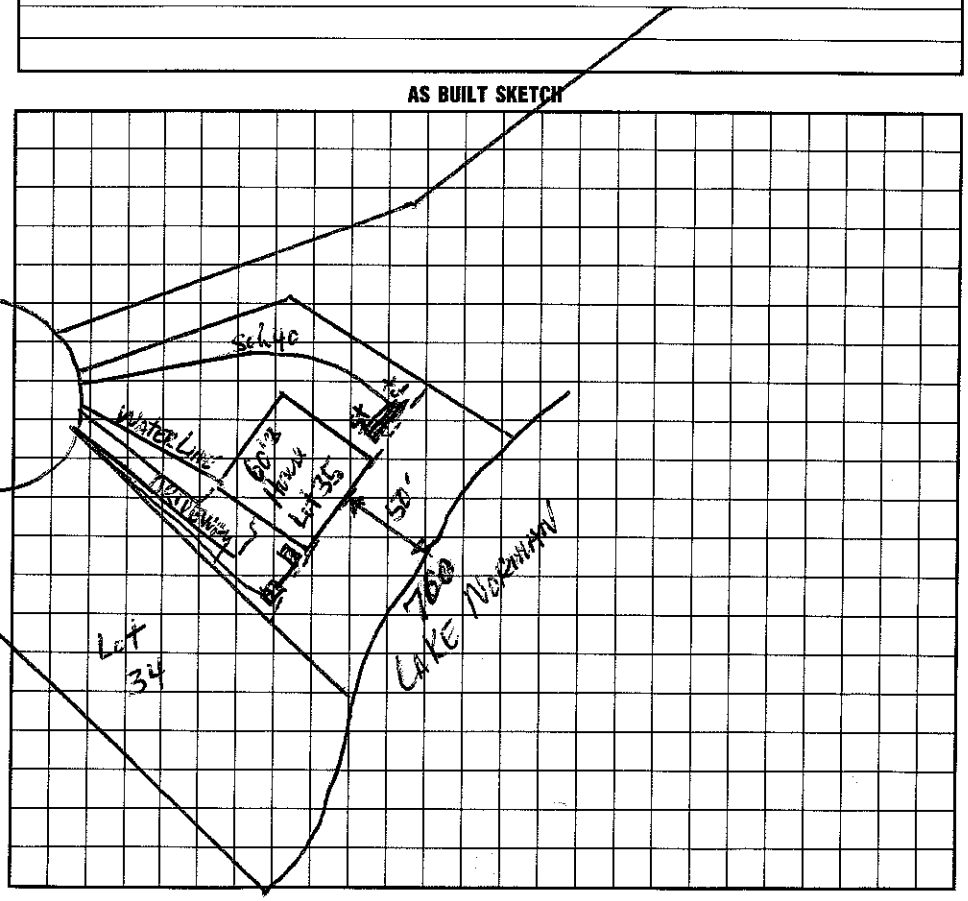
Comments:

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____

Improvement Permit by: _____ date 7-7-97

~~Construction~~ Existing System Inspection by: _____ date 6-16-99

Authorization

Installed by: ~~W.T. Norwood~~ & F.J. Ervin

Certificate of Completion by: Wesley Sparks RS date 10/4/00

Operation Permit by: _____ date _____

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