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. 24372 DATE Sept. 6 '96 TAX MAP NO. part of 2CA3 4625 26 6813 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Dev. // Bob Mack PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Brawley Sch. Rd. TR Bay Harbour ATEnd on left

SUBDIVISION The Harbour BLOCK / SECTION 5 LOT 22 LOT AREA ≥ 20,000 ft² SITE CLASS. Spec. 1996 DESIGN FLOW 480 gpd L.T.A.R. ≥ 3

Septic Tank: 1000 Gallons; STB 794 Date 9/19/99

Pump Tank: 1000 Gallons; PT 27 Date 10/19/99

Pump Make: M4ERS Model ME505-11 Serial No. 7/99

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth ≈ 30" Gravel Depth N/A

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

System Description: pumped-pressure-chambered

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

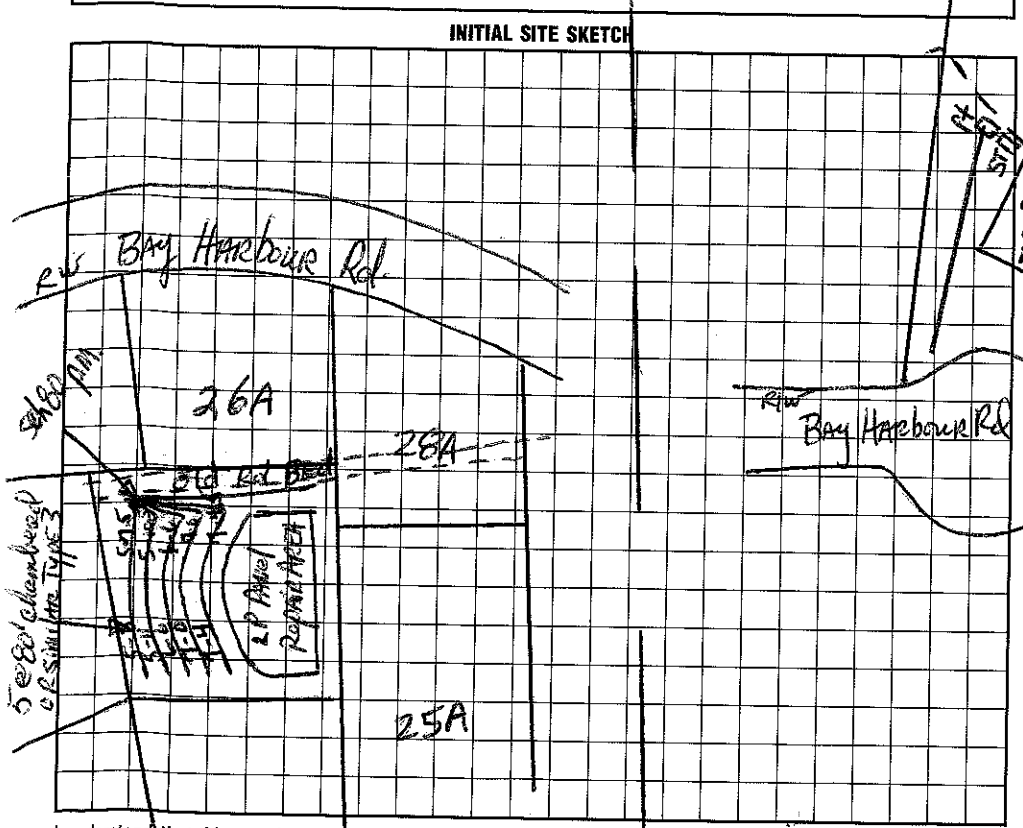
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ~~☑ Public~~

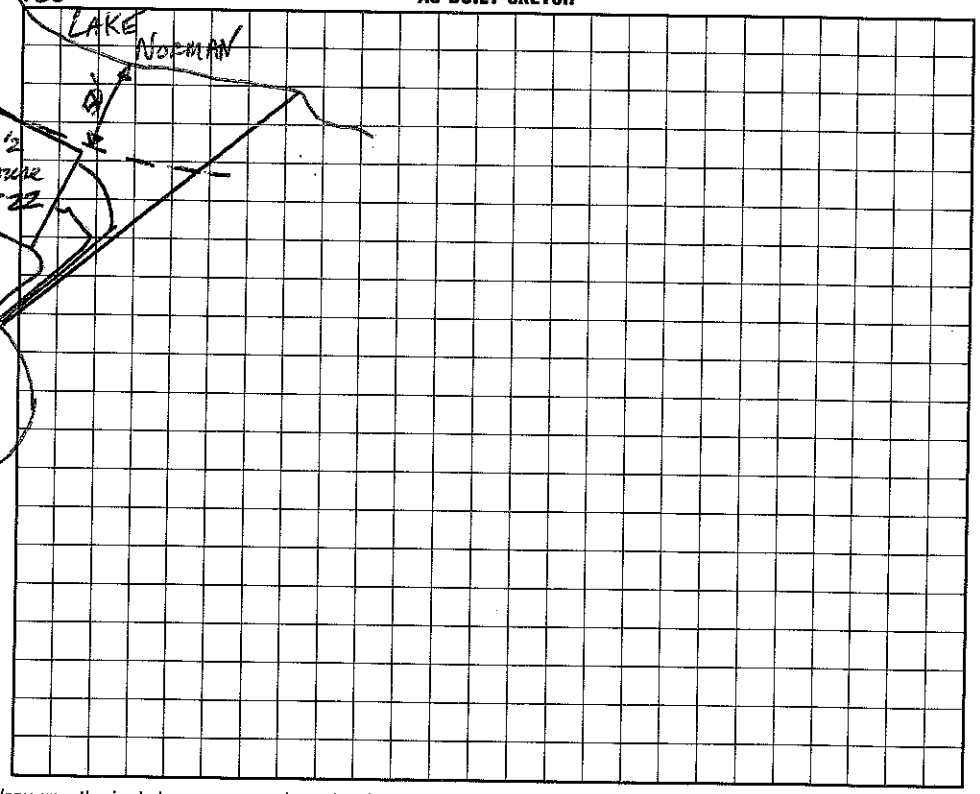
Comments:

Comments:

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.

Signed: _____

Improvement Permit by: _____ date 9-6-96

Construction Authorization by: _____ date 6-25-98

Installed by: Mayhew Const. Co.

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 12/21/99

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