# 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. 065638 DATE May 23, '97 TAX MAP NO. 4625941684 (pt.) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources clo/ Regal Custom Homes Business _____ Home _____

ADDRESS PO Box 1033, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TR Shipyard Pt. Rd. on Right

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 4 LOT AREA >20,000ft² SITE CLASS. IB DESIGN FLOW 480gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 1/30/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity chambered

Repair System Description: gravity pumped panel block

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

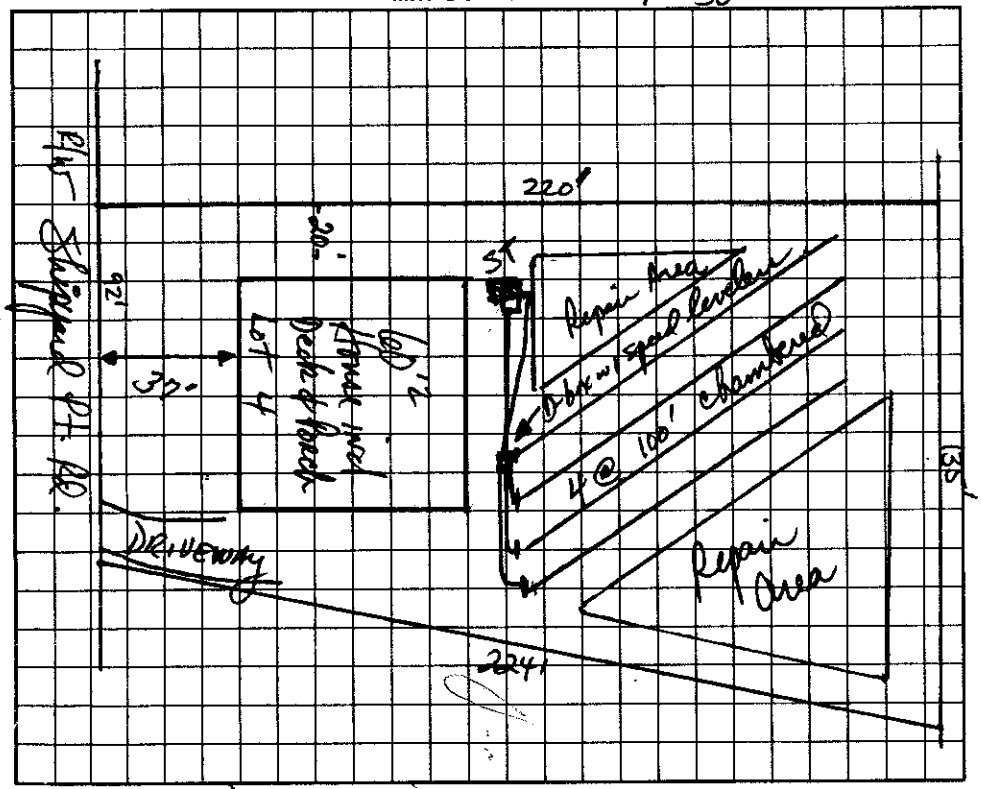
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments:

**INITIAL SITE SKETCH** 1"=50'




**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: [signature]

Improvement Permit by: [signature] RS date 5-23-97

~~Construction~~ Existing System Inspection by: Wesley Sparks R.S. date 8/19/97

Installed by: Orbison Const.

Certificate of Completion by: Wesley Sparks R.S. date 2/25/00

Operation Permit by: _____ date _____