IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 265620 DATE May 22 '97 TAX MAP NO. ~~4625944684~~ (Lot) 4625-39-5940 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc / Testa & Worth PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

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

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 2 LOT AREA 220,000 ft² SITE CLASS RS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 10/1/96

Pump Tank: 1000 Gallons; PT 27 Date 4/6/98

Pump Make: HYDROMATIC Model SK60 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: LPP Panel Block

Repair System Description: LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

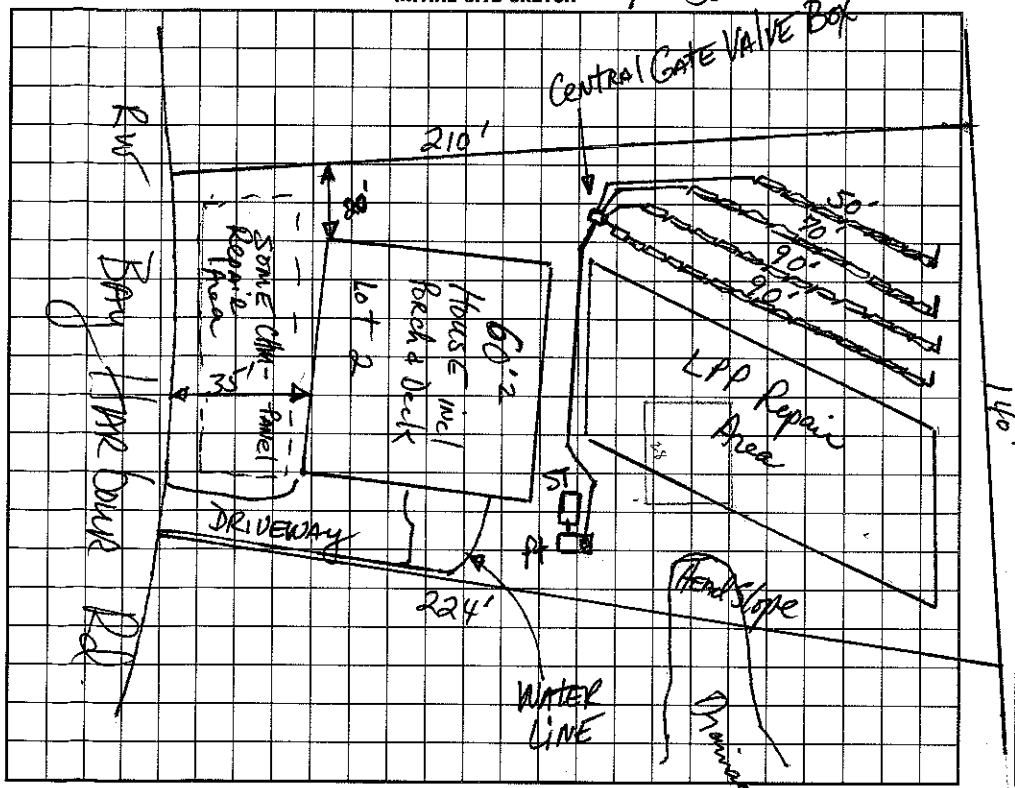
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: X _____

Improvement Permit by: _____ date 5-22-97

~~Construction~~ Authorization by: _____ date 1-14-97

Installed by: ORESON

Certificate of Completion by: _____ date 1/26/99

Operation Permit by: _____ date _____

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