2:00

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. 23381 DATE June 18, '96 TAX MAP NO. part of 2CA3 4625 39 6502 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Inc // Tom & Elizabeth Boucino PHONE: Business _____ Home _____

ADDRESS PO Box 1033, Charlotte

LOCATION Bayley Ferry Rd TR Bay Harbour Rd. TL Sanibel Ln. 1st lot on Right (corner) 357 Bay Harbour Rd

SUBDIVISION The Harbour BLOCK / SECTION Fifth LOT 70 LOT AREA 20,000 ft² SITE CLASS. Spec #5B DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-18-01

Pump Tank: 1000 Gallons; PT 283 Date 2-17-02

Pump Make: ME 100 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 N/A

☒ New System ☐ Repair System Type: I, II, ⓘ, IV, V, VI

System Description: pumped-pm-chambered

Repair System Description: Same SFE F

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

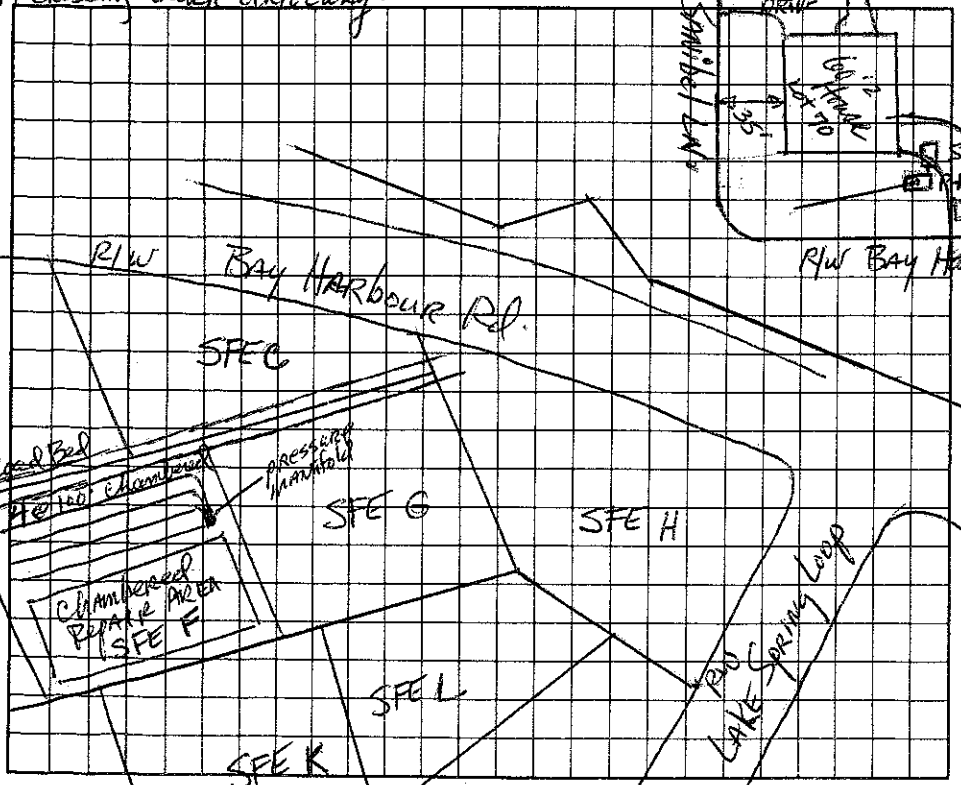
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: Drainfield to be installed in septic field easement "F"

8-27-01 Supply LINE may need to be sleeved if crossing under driveway.

Comments: Checked drainfield 1/15/2002 mb

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Used EZ Flow
for Drainfield

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: CONSTRUCTION AUTHORIZATION _____ date 6-18-96

~~Existing System Inspection by:~~ _____ date 8-27-01

Installed by: R & H Inc

Certificate of Completion by: _____ date 9/14/02

Operation Permit by: _____ date _____

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