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. 25777 DATE May 20, '97 TAX MAP NO. ~~part of 2643~~ 4625-46-6950 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc / MI Homes PHONE: Business / Home

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TL Lake Mist at end

SUBDIVISION The Harbour BLOCK / SECTION 40 LOT 20 LOT AREA ▼ 20,000ft² SITE CLASS. PS per. 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/1/98

Pump Tank: 1000 Gallons; PT 47 Date 7/6/98

Pump Make: HYDROMATIC Model SK50A1 Serial No. 7/24/98

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 4 Trench Width 24' Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP Panel Block

Repair System Description: Same

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

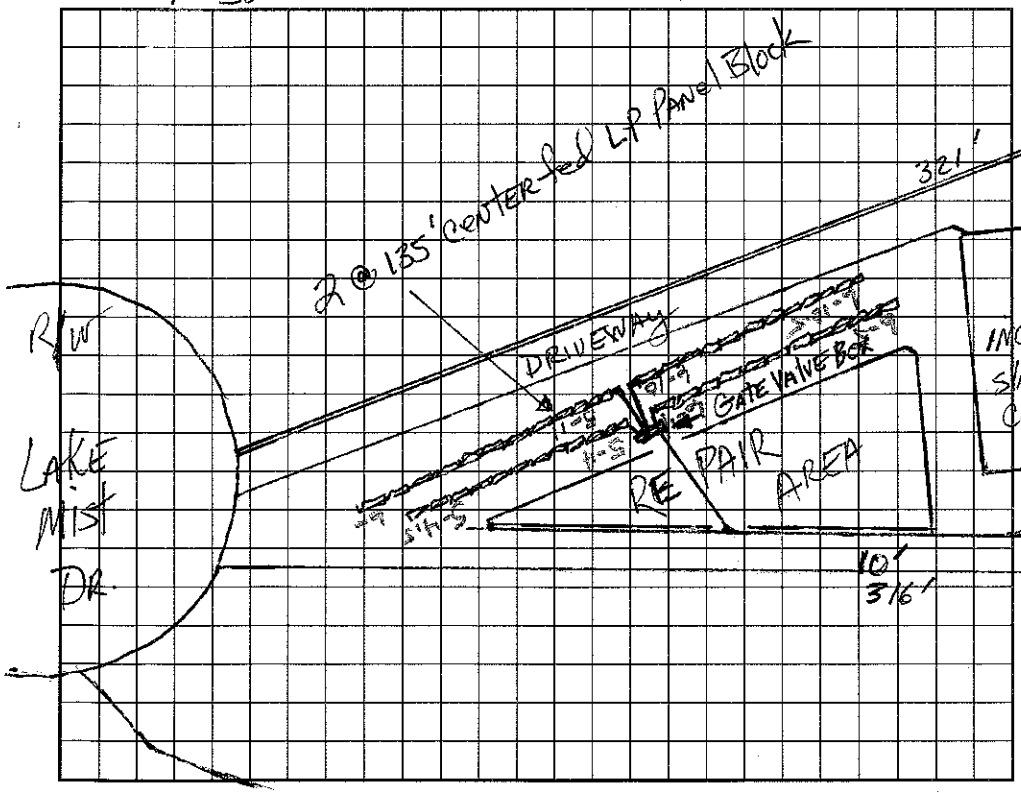
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

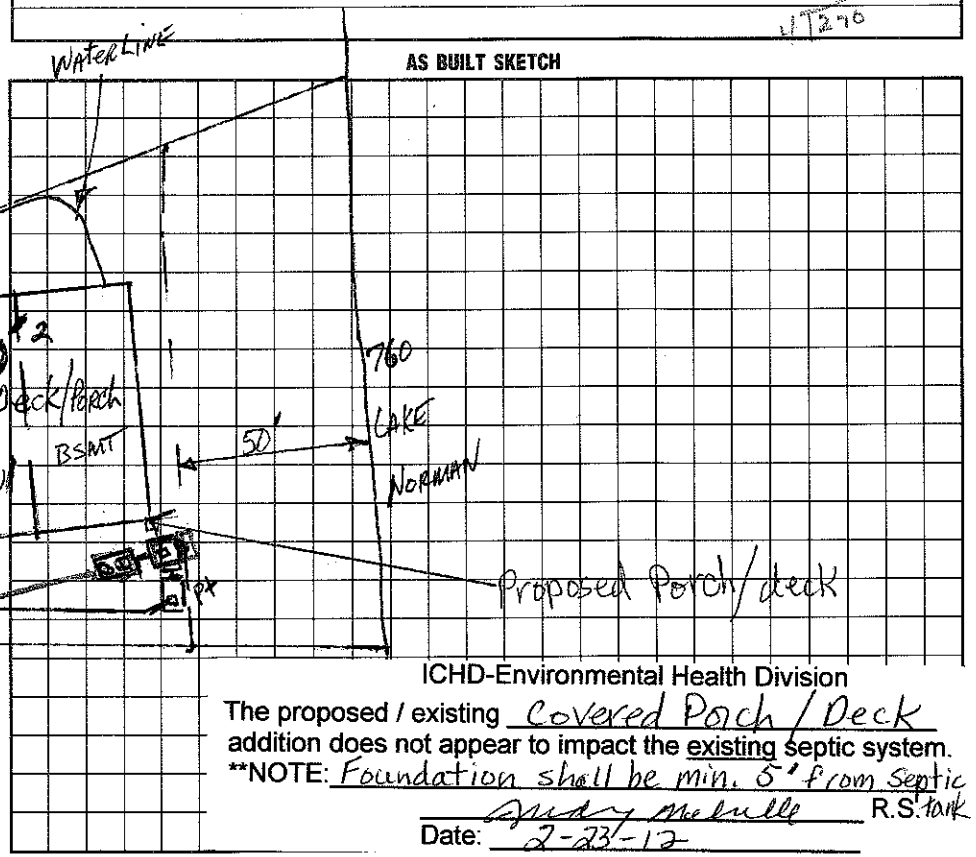
Comments: PARTIAL 95 travel" UT 270

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



ICHD-Environmental Health Division

The proposed / existing Covered Porch / Deck addition does not appear to impact the existing septic system.

**NOTE: Foundation shall be min. 5' from Septic tank

Judy McMillen R.S.

Date: 2-23-12

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] IRS date 5-20-97

~~Construction Authorization~~ ~~Existing System Inspection by:~~ [signature] IRS date 3-26-98

Installed by: Macleod Const.

Certificate of Completion by: date

Operation Permit by: [signature] RS date 10/9/98

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