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. 25775 DATE May 20, '97 TAX MAP NO. part of 2CA3 4625 46 7794 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc. / John Wieland Homes PHONE: Business _____ Home _____

ADDRESS PO Box 1033, Charlotte

LOCATION Brawley Sch. Rd. TR Bay Harbour TL LAKE Mist AT END

SUBDIVISION The Harbour BLOCK / SECTION 4 LOT 18, 18A LOT AREA ~ 1Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 11/6/98

Pump Tank: 1000 Gallons; PT 27 Date 11/1/98

Pump Make: Hydromatic Model SK600A1 Serial No. 11/98

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

No Lines 5 @ 80' Trench Width 36" ~~Max~~ Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pm Chambered on 18A

Repair System Description: Some LPP/BB on 18A, LPP on 18

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

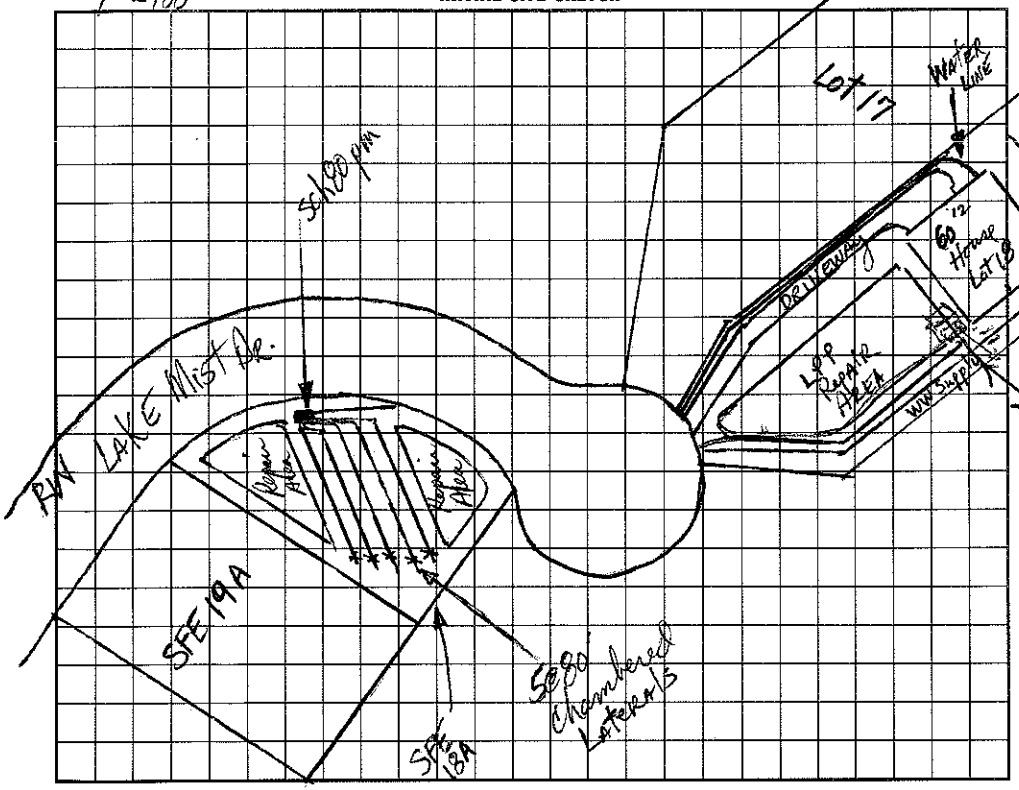
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Remove burms from septic field easement.
* ONE INSPECTION (observation) port per lateral
RESERVE "Ribbon" area designated for LPP repair on Lot 18.

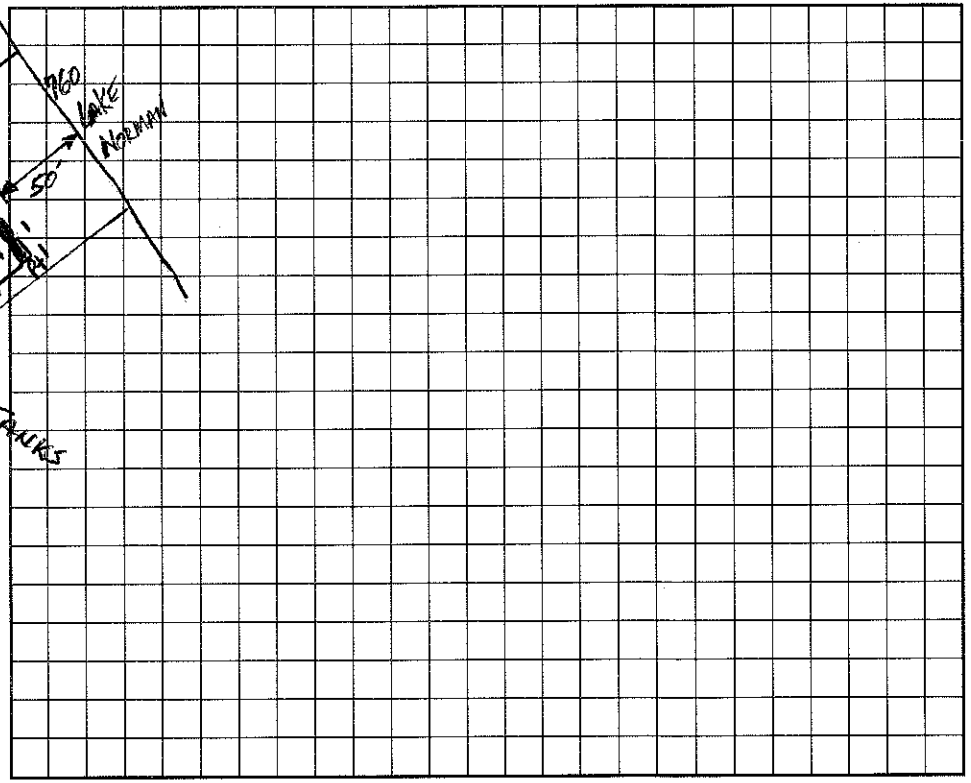
Comments:

1" ≈ 100'

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date 5-20-97

~~Existing System Inspection~~ CONSTRUCTION AUTHORIZATION by: _____ date 8-25-98

Installed by: Macleod

Certificate of Completion by: Wesley Sparks RS. date 4/21/99

Operation Permit by: _____ date _____

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