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. 25774 DATE May 20, '97 TAX MAP NO. part of 2CA3 4625 46 8689 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Dev. / Richard Wiedenhoeft PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

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

SUBDIVISION The Harbour BLOCK / SECTION 4 LOT 17, 17A LOT AREA ~ 1Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/2/99

Pump Tank: 1000 Gallons; PT 27 Date 3/9/99

Pump Make: HYDROMATIC Model SHEF50A1 Serial No. 3/99

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

No Lines 4@100 Trench Width 36" Trench Bottom Depth 48" Gravel Depth N/A

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

System Description: PM Chambered

Repair System Description: Same or LPP PPDS

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

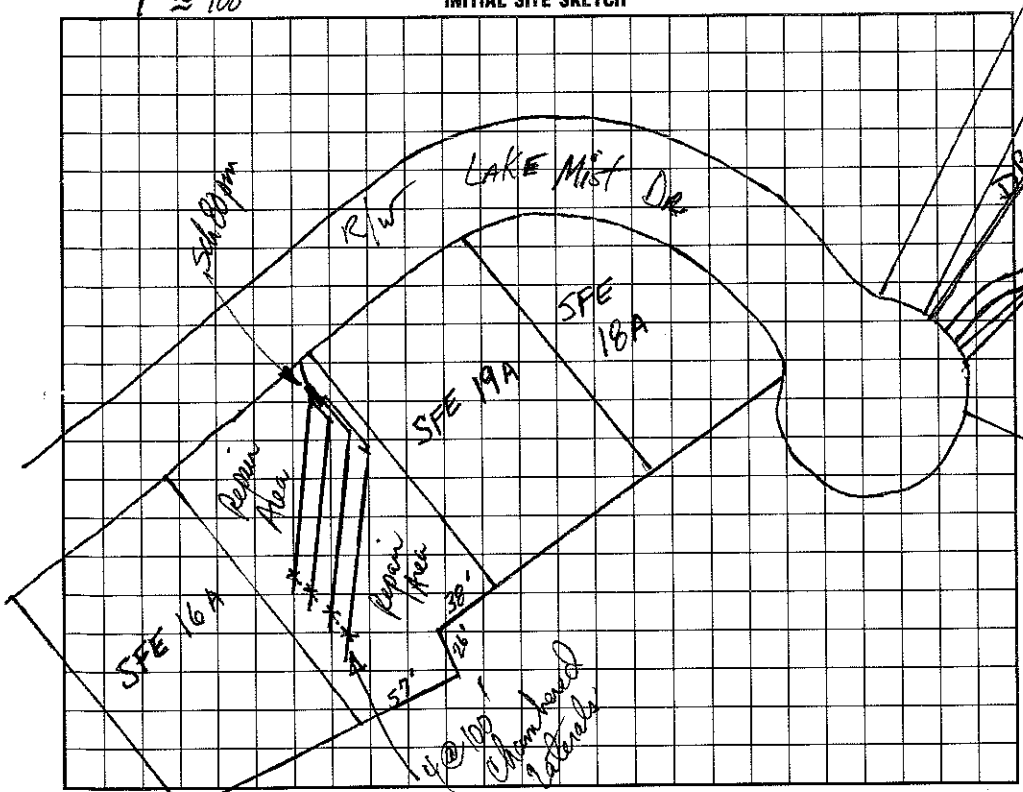
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: Remove old tanks. Install Laterals at 48" trench bottom
* ONE inspection/observation port per lateral.

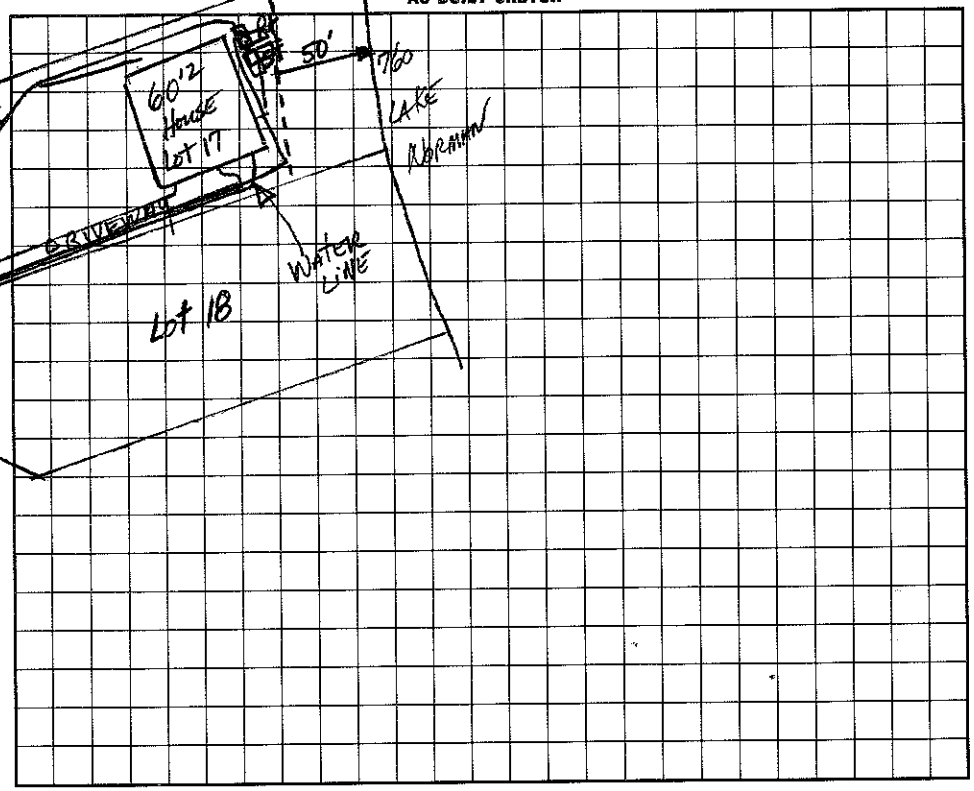
Comments: PARTIAL
12-15-98 Reviewed Site plan — Appears in compliance w/ IP ORIG

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: X _____

Improvement Permit by: _____ date 5-20-97

~~Construction~~ ~~Existing System Inspection by:~~ _____ date 12-15-98

Authorization

Installed by: Macleod Const.

Certificate of Completion by: Wesley Sparks R.S. date 7/20/99

Operation Permit by: Wesley Sparks R.S. date 7/20/99

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