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. 25769 DATE Revised 25 '97 TAX MAP NO. part of 2CA3 4625 47 7039 Watershed: ☑ Yes ☐ No

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

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley School Rd. TR Bay Harbour Rd. TL Lake Mist Dr. at End

SUBDIVISION The Harbour BLOCK / SECTION 4 / LOT 22 LOT AREA ≥ 22,000 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/13/98

Pump Tank: 1000 Gallons; PT 27 Date 10/13/98

Pump Make: HYDROMATIC Model SHEF 50A1 Serial No. 10/98

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 N/A

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

System Description: pumped-con-chambered

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

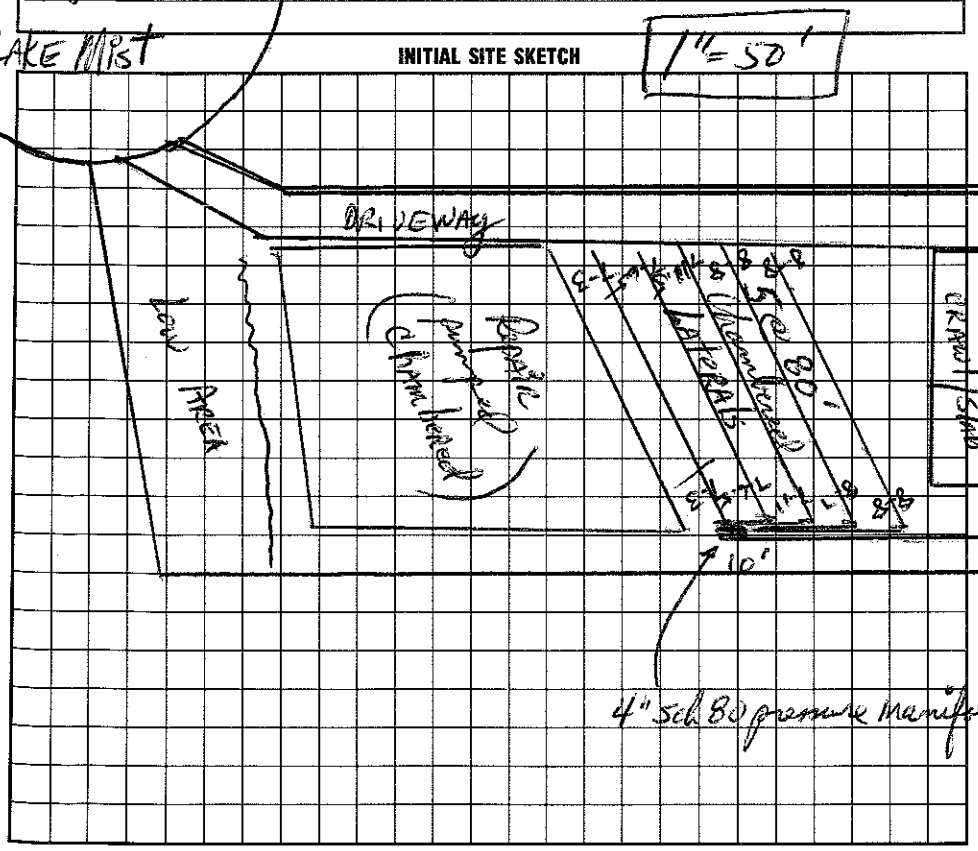
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Cul-D-Sac

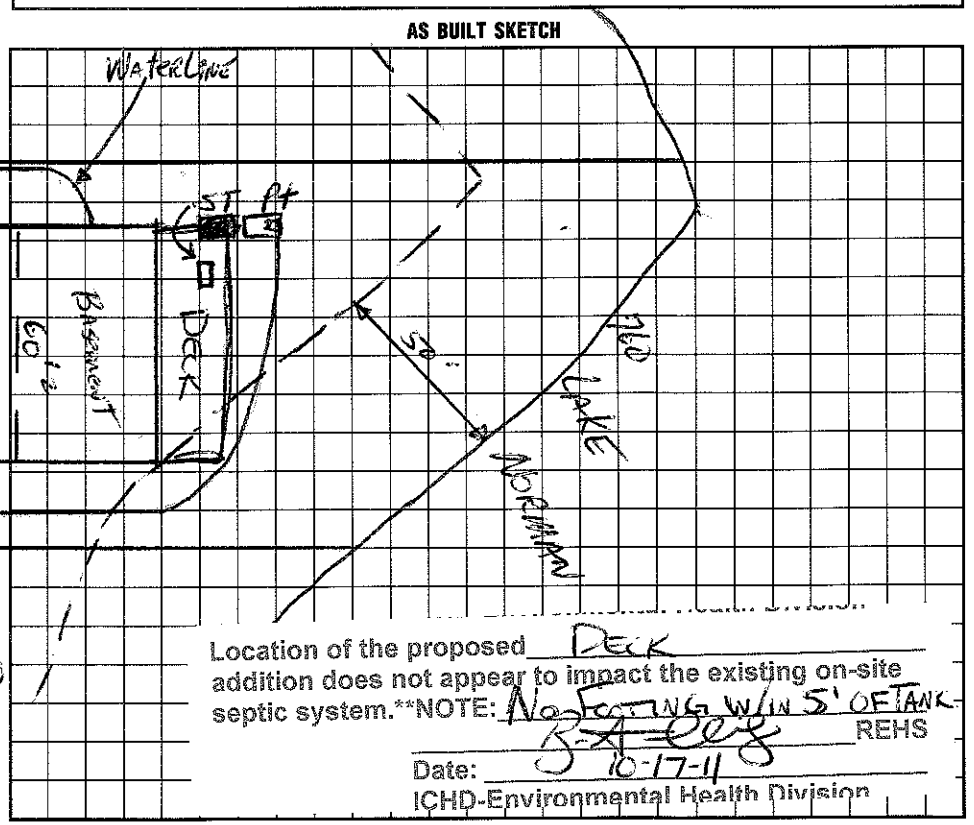
LAKE MIST

Comments: (PARTIAL)

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



Location of the proposed Deck addition does not appear to impact the existing on-site septic system.**NOTE: No footing w/in 5' of tank

REHS

Date: 10-17-11

ICHD-Environmental Health Division

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: Marvin D. Hanson, IRS date 3/25/97

~~Existing System Inspection by:~~ Construction Authorization: D. Hanson, IRS date 11/28/98

Installed by: Macleod Const. Certificate of Completion by: date 12/7/98

Operation Permit by: Wesley Sparks R.S. date 12/21/98

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