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. 19002 DATE Oct. 18, '94 TAX MAP NO. 2CA3 part of Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Inc. / M. Eatmon PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley School Rd TR Bay Harbour Dr. TL Lake Mist Dr. TR Sunshine Circle 14th lot on Rt

SUBDIVISION The Harbour BLOCK / SECTION Map D LOT 37 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480 gpd L.T.A.R. @ 3

Septic Tank: 1000 Gallons; STB 794 Wellington Date 3-27-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 4-9-95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 267

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

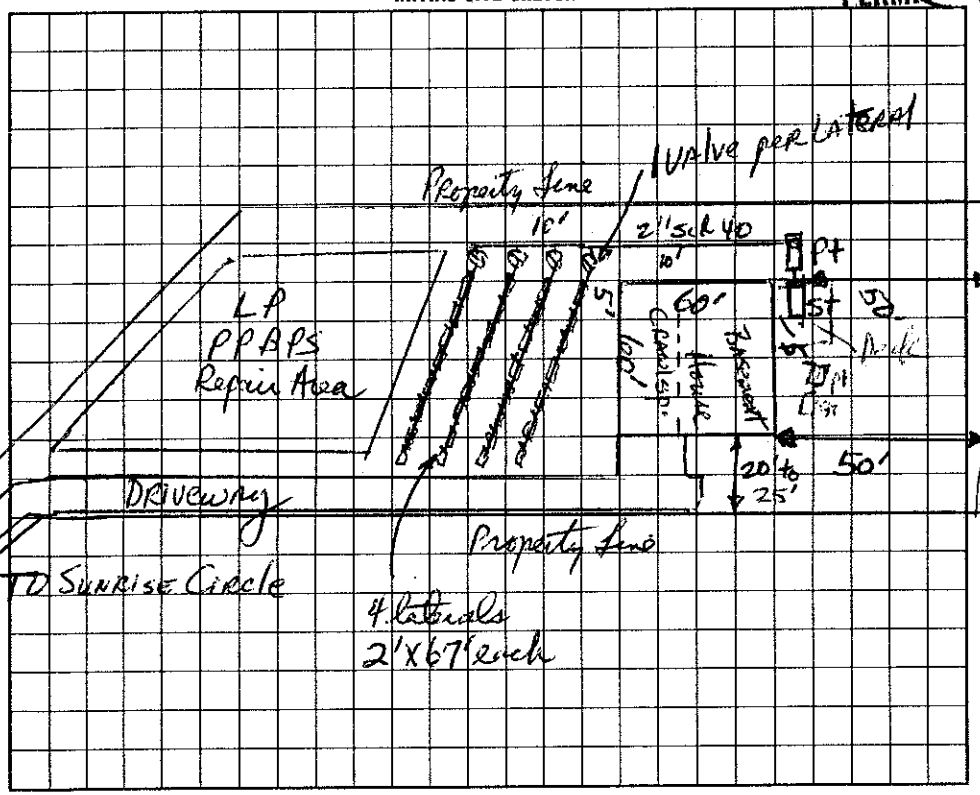
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Laterals to follow contour, Water line installation not to cross septic system area, Pump specs to be determined prior to system installation DEVELOPER PERMIT Ready to Issue 12/20/94 DPH

Comments: 5/16/95 Area around/in front of house graded too much for lot resulting in initial system being installed partly in repair area. Repair area above initial system very limited and repair area below is limited & will be used at now on a "cut" slope. Barely 100% repair total.

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 10/18/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6-23-95

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