IREDELL COUNTY HEALTH DEPARTMENT

Auth to construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21683 DATE Oct. 9, '95 TAX MAP NO. ~~part of 2CA3~~ 4625486063 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Corp (MI Homes) PHONE: Business _____ Home _____ WS4

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch. Rd. TR Bay Harbour TL Lake Mist TR Sand Knoll Cir. - Easement immediately on right - Lot at end.

SUBDIVISION Bay Harbour BLOCK / SECTION phase 2 LOT 36 & 36A LOT AREA ~14,500 ft² EAS. SITE CLASS. PS per 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

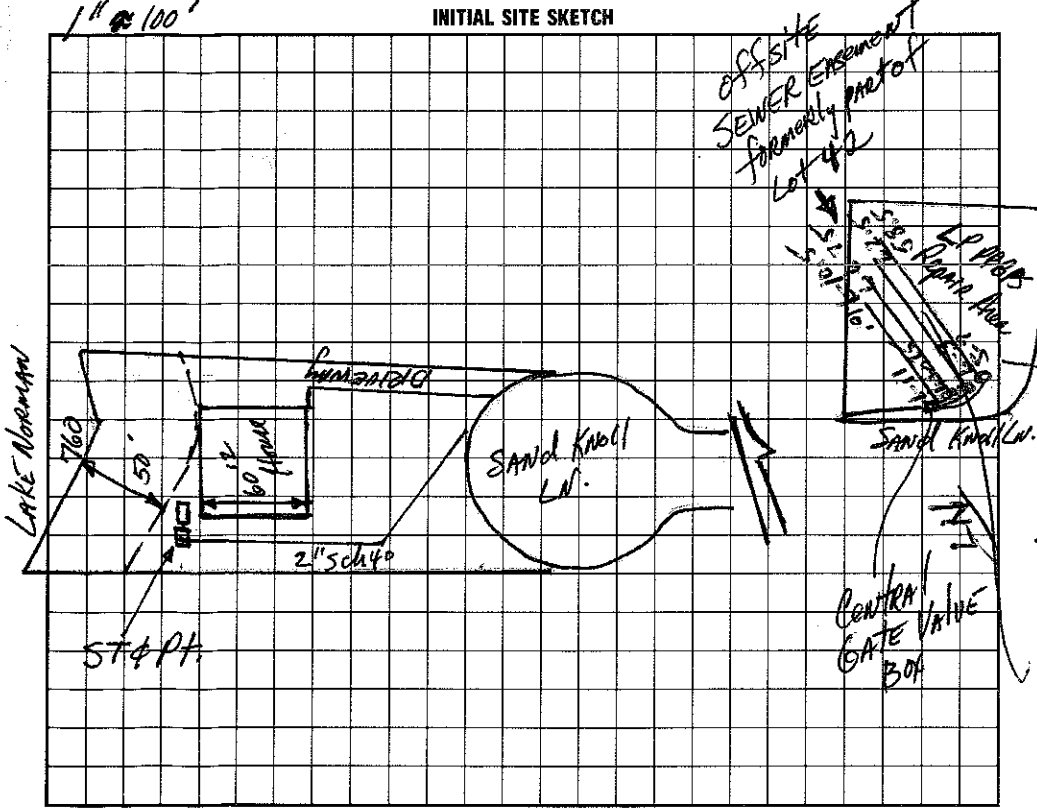
Septic Tank: 1000 Gallons; STB TPH Date 10-5-96	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 4	Water Supply:
Pump Tank: 1000 Gallons; PT 27 Date 1-19-97	System Description: off site LPPPBPS	☐ Mobile Home No. Bathrooms 4	☐ Individual
Pump Make: Hydromatic Model SKHD150M2 Serial No. _____	Repair System Description: SAME	☐ Business No. Employees _____	☑ Community
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 267	Maintenance Agreement Required: ☑ Yes ☐ No	☐ Other _____	☐ Public
No Lines 4 Trench Width 24" Max Trench Bottom Depth ≈30" Gravel Depth NA	☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing		

Comments: If water line and pressure (wastewater) supply line crosses, then sewer line must cross underneath with 18" min. separation

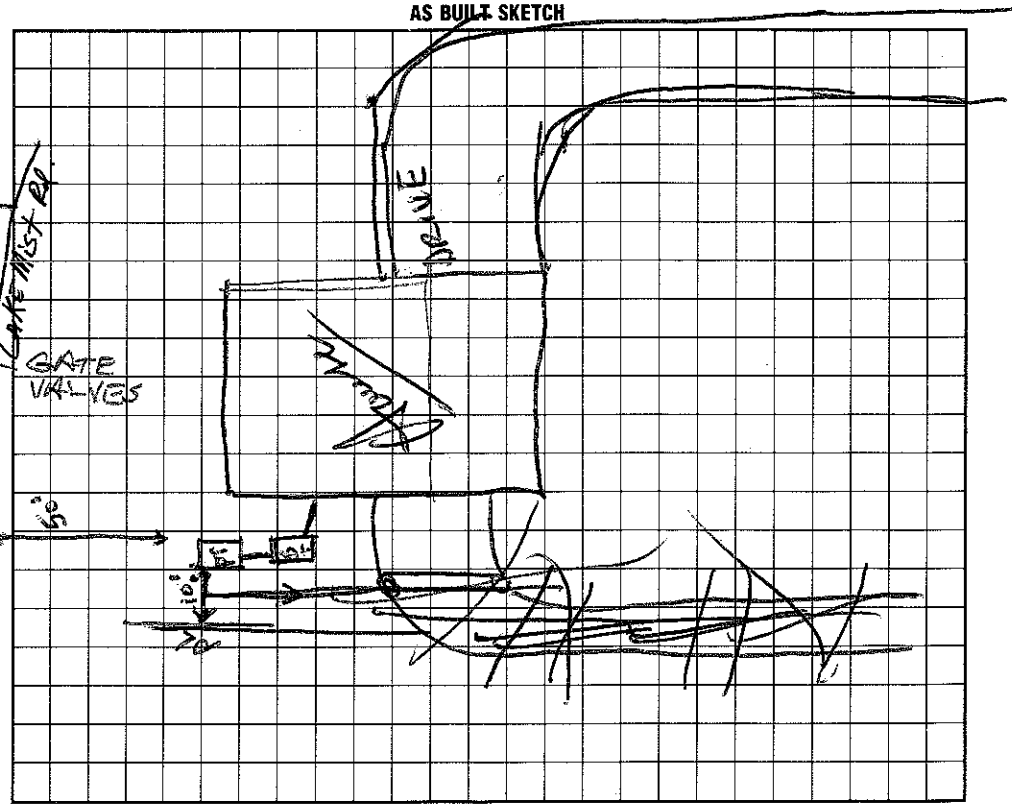
Comments:

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.

Authorization to construct is valid for 5 years.

Signed: _____ 10/18/95

Improvement Permit by: _____ date 10/9/95

~~Auth to construct~~ ~~Existing System Inspection~~ by: Wesley Sparks RS. date 9/18/96

Installed by: Macleod Const

Certificate of Completion by: Wesley Sparks RS. date 5/9/97

Operation Permit by: Wesley Sparks RS. date 5/9/97

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