4625 48 9719

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPEC...

PROPERTY DESCRIPTION NO. 18998 DATE April 7 195 TAX MAP NO. part of 2CA3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources dba TCMI HOMES PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley School Road TR Bay Harbour Rd TL Lake Mist TR Sunshine Circle

SUBDIVISION The Harbours BLOCK / SECTION Map 01 LOT 33 LOT AREA ~25,000ft² SITE CLASS. B per 1996 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/18/97

Pump Tank: 1000 Gallons; PT 24 Date 5/16/97

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 N/A

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

System Description: LPP/BPS

Repair System Description: Same - off site Easement

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

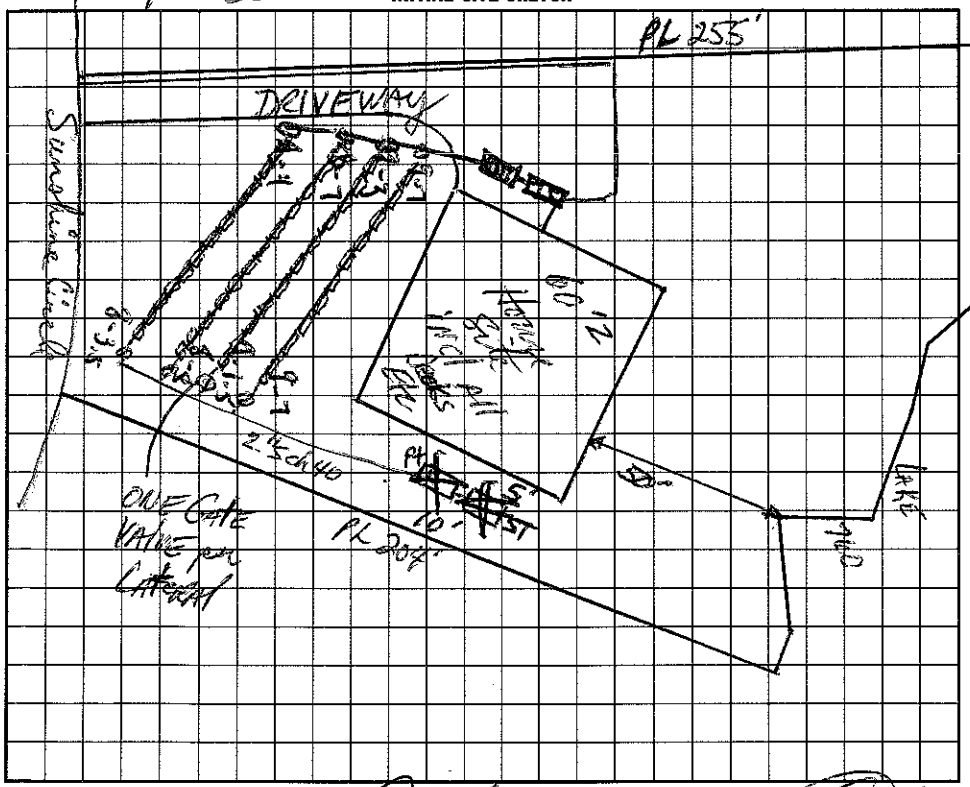
Comments: Laterals to follow contour; All valves can be located in one central valve box if desired.

Comments: Authorization to Construct 7/18/97

7" Drawdown / NEMA 4X Box - Hardwire Electrical

INITIAL SITE SKETCH

1" = 50'



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: _____ Agent

Improvement Permit by: _____ date 4/7/95

Existing System Inspection by: _____ date 10/15/96

Authorization to Construct

Installed by: Macleod Cave

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 7-25-97

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