IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

462549 7346

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

PROPERTY DESCRIPTION NO. 20259 DATE April 12, '95 TAX MAP NO. part of 2 FCS Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc (MJ Homes) PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Blowing Sch Rd TR Bay Harbor Rd TL Lake Mist TR Sunrise Circle on Right

SUBDIVISION The Harbor BLOCK / SECTION 1 LOT 42 LOT AREA 25,000 ft²+ SITE CLASS. PS per 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 794 Date 7/25/96

Pump Tank: 1000 Gallons; PT 27 Date 9/4/96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 268

No Lines 3-4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

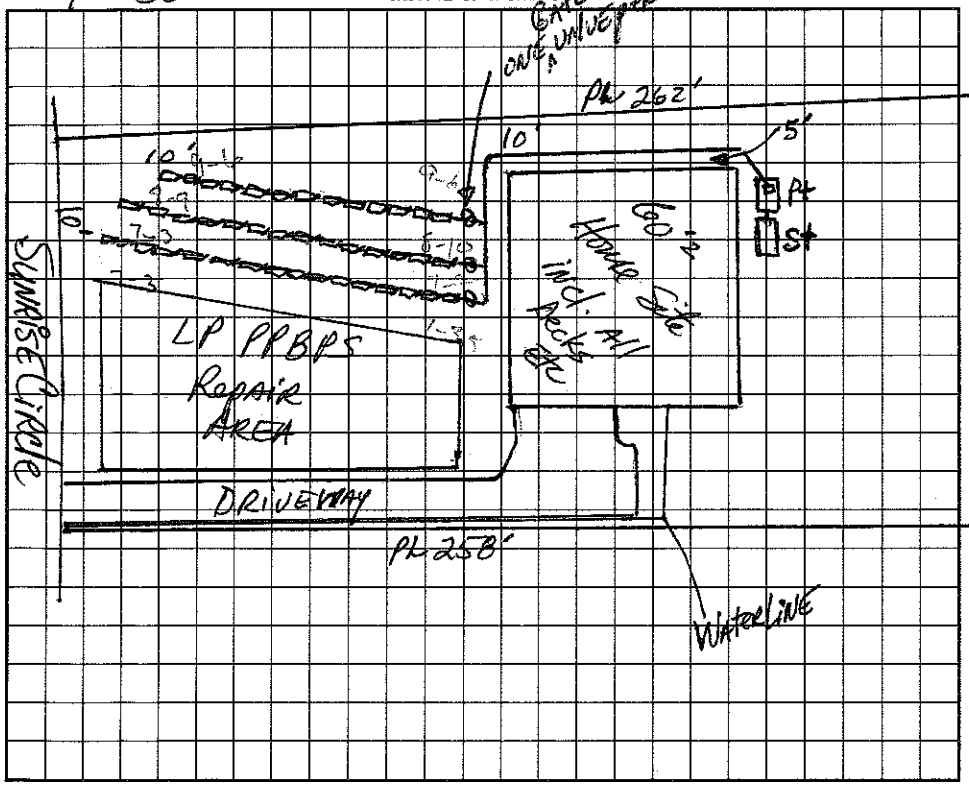
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Gate valves can be located in one central valve box if desired.
10/24/96 - Home under construction
85' from R/W Rt 15.

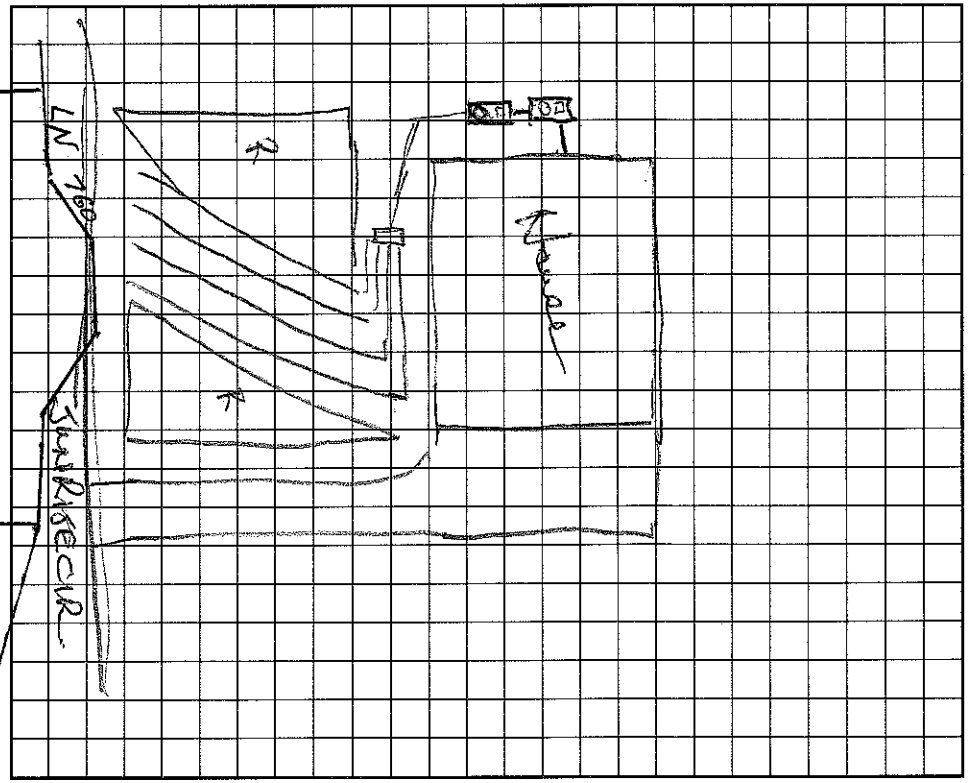
Comments: ~~DATE OF~~ ~~PERMIT~~ 65 65 17 68 167.4 Gal / Dose

1" = 50'

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 Tony Wilson LPO Agent

Improvement Permit by: Daniel R. Hinson RS date 4/12/95

Existing System Inspection by: Wesley Sparks date 10/24/96

Installed by: Macleod Const.

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 12/13/96

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