IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PROPERTY DESCRIPTION NO. 19004 DATE April 10, '95 TAX MAP NO. part of 2043 / 4625-49-8432 Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR Crescent Resources Corp / Mt Homes PHONE: Business _____ Home _____ WSIV

ADDRESS PO Box 1003 Charlotte

LOCATION Brawley Sch Rd TR Boathouse Dr. TL Lake Norman Dr. TR Sunrise Circle on Right

SUBDIVISION The Harbours BLOCK / SECTION _____ LOT 43 LOT AREA 25,000 sq ft +/- SITE CLASS. I/S per 1996 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 6/1/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet ~~270~~ 405

No Lines ~~3~~ 4 ~~2~~ 5 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: ~~Quality PBTS~~ 16 EFFLUENT FILTER ~~Serres~~ PANEL

Repair System Description: _____

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

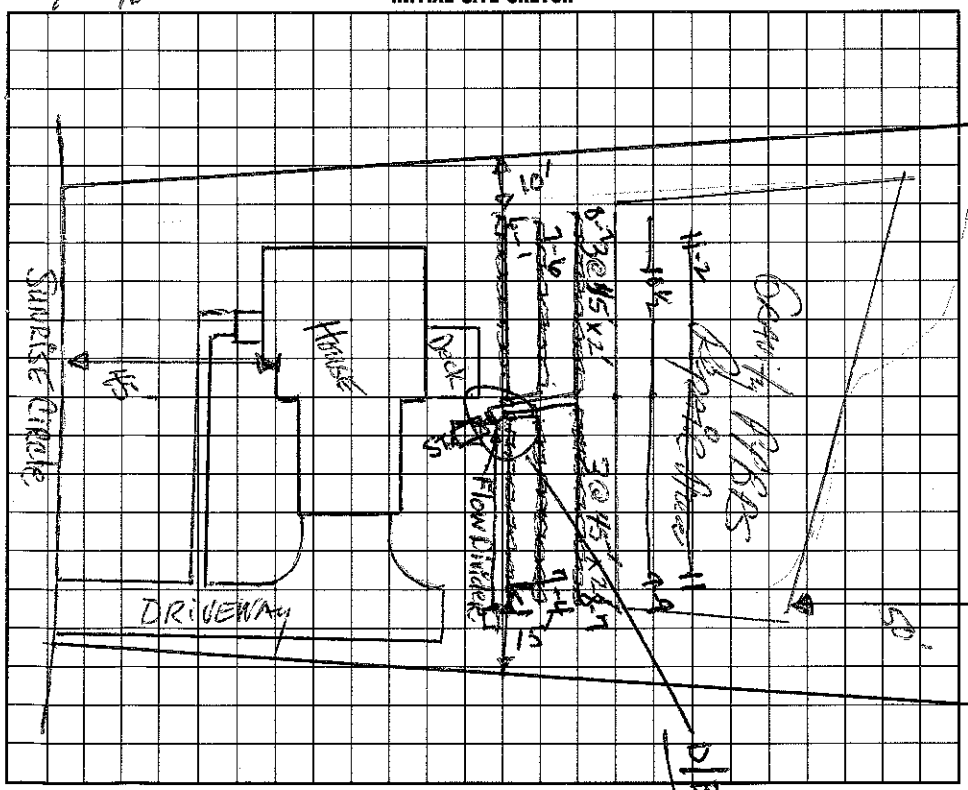
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Use S-bores w/ Speed Leveler after flow divider. 8/21/95 Changed to 5 - 80' Shafts Water lines Avail

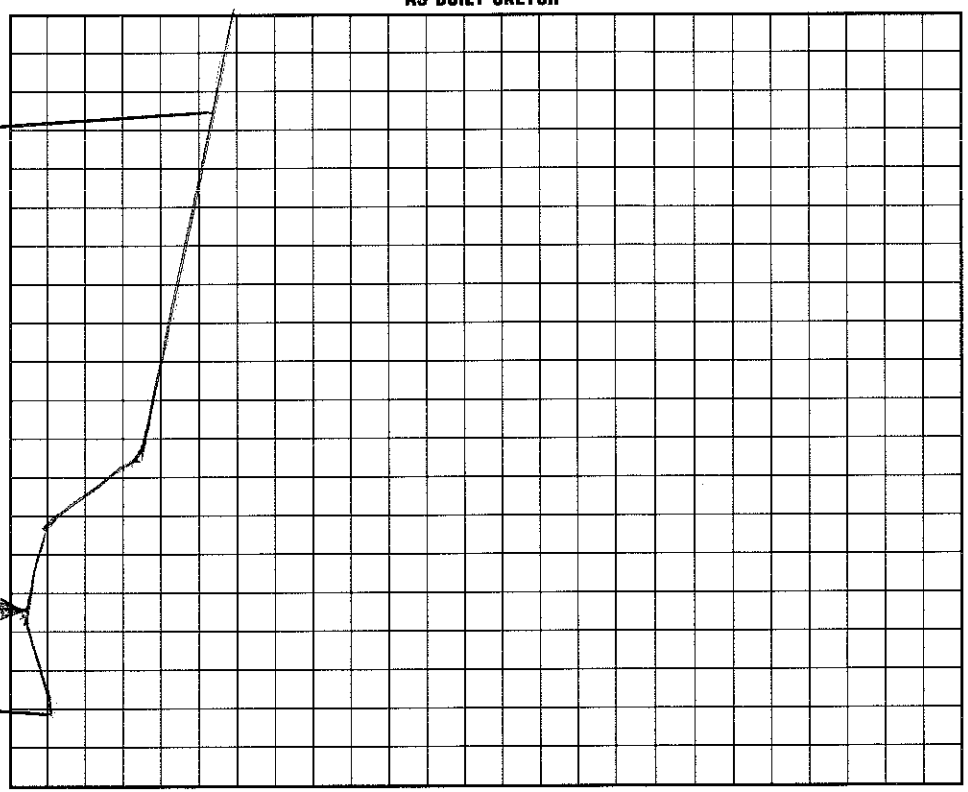
Comments: DEVELOPER RIGHT TO REVISE 4/18/95

1" = 40'

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: _____, RS date 4/10/95

Existing System Inspection by: _____ date _____

Installed by: R L Muirhead

Certificate of Completion by: Wesley Sparks RS. date 8/30/95

Operation Permit by: _____ date _____

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