IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 25772 DATE May 16, '97 TAX MAP NO. part of 2CA3 4625 560727 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources clo Pete Wiethaupt Homes PHONE: Business _____ Home _____

ADDRESS PO BX 1003 Charlotte

LOCATION Brawley Sch Rd TR Bayfaytown TL Lake Mist on left at end SFE 15A @ jct w/ Silver Eagle Ln.

SUBDIVISION The Harbour BLOCK / SECTION 4 LOT 15,15A LOT AREA ~1 Ac SITE CLASS. B DESIGN FLOW 480gpd L.T.A.R. 23

Septic Tank: 1000 Gallons; STB 794 Date 4/14/99

Pump Tank: 1000 Gallons; PT 27 Date 9/13/99

Pump Make: HYDROMATIC Model SHEF50M1 Serial No. 9/99

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM Chambered

Repair System Description: LP Chambered / Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

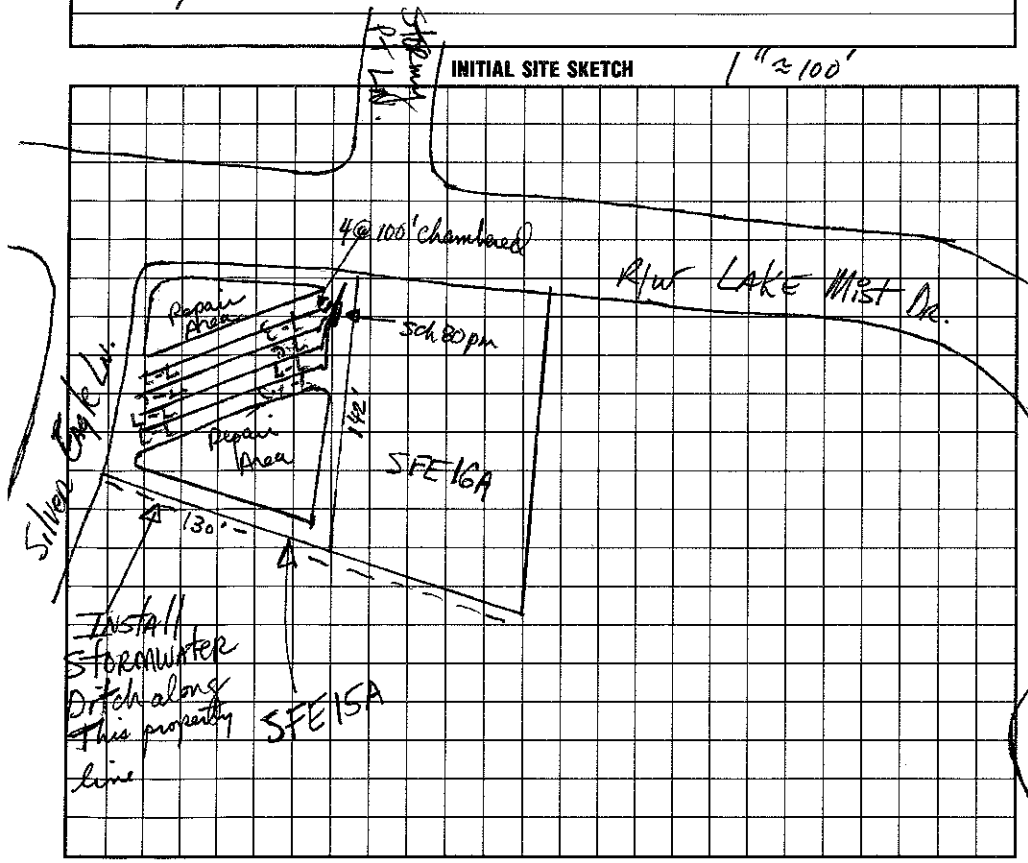
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

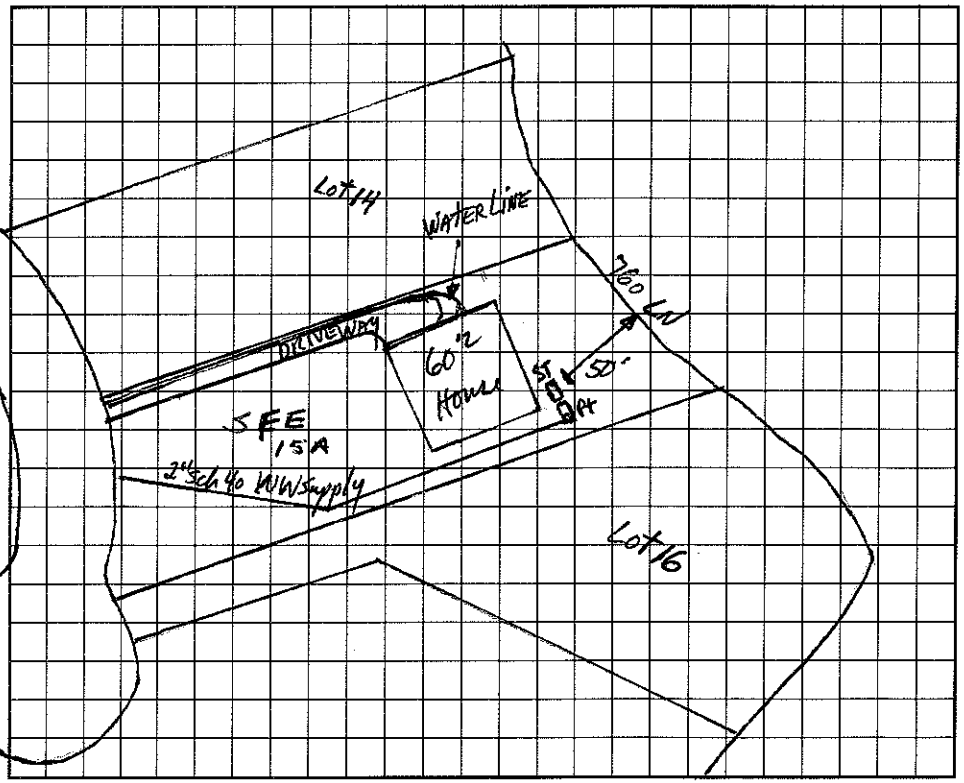
Comments: 2-3-99 Reviewed house & site plan - appears in compliance w/ IP.

Comments: partial

INITIAL SITE SKETCH 1" = 100'



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 5-16-97

~~Existing System Inspection by:~~ CONSTRUCTION AUTHORIZATION _____ date 2-3-99

Installed by: Macleod Const.

Certificate of Completion by: Wesley Sparks R.S. date 1/5/00

Operation Permit by: _____ date _____

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