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. 25753 DATE March 27, '97 TAX MAP NO. part of 2CA3 4625 56 5904 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Inc. John Wieland Homes PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Crowfield Sch Rd. TR Bay Harbour TL LAKE MIST TL Stormy Pt Ln AT END

SUBDIVISION The Harbour BLOCK / SECTION 4 LOT 9 LOT AREA > 20,000 sq ft SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .2-.25

Septic Tank: 1500 Gallons; STB 794 Date 1/27/97

Pump Tank: 1000 Gallons; PT 27 Date 2/31/99?

Pump Make: HYDROMATIC Model SHEF50A1 Serial No. 3-99

Nitrification Field: No Fields ____ Square Feet 1120 Linear Feet 560

No Lines 8 @ 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pumped-pw-Chamber LPPPBPS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

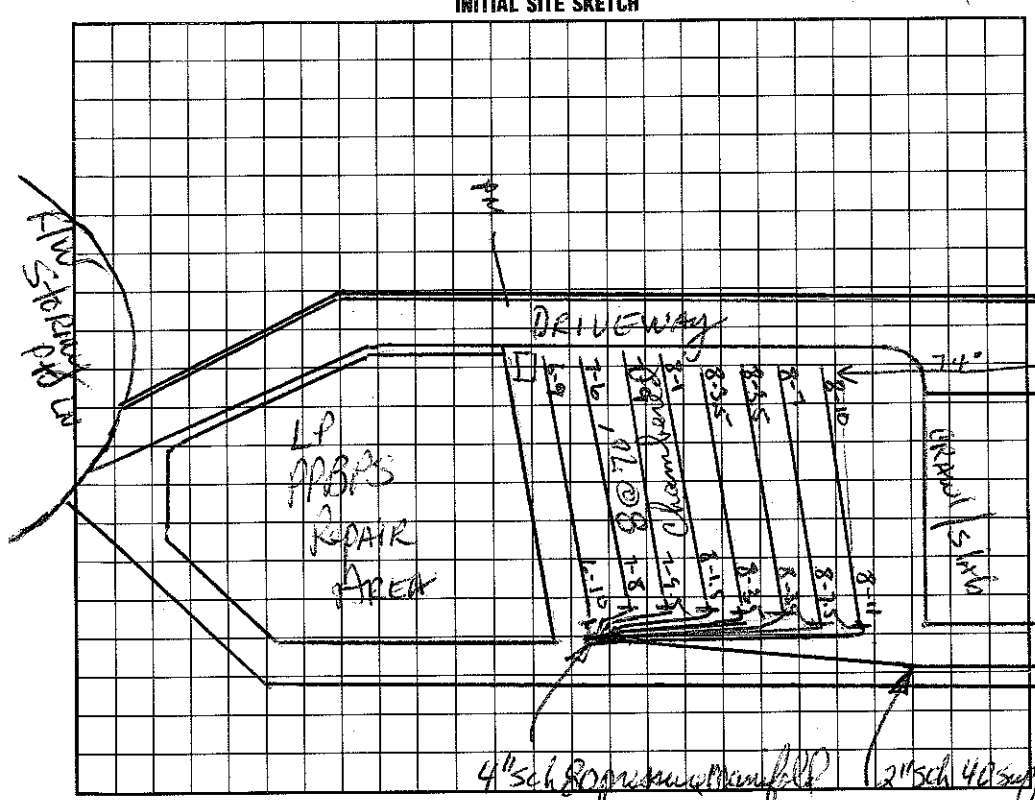
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Community~~ ☐ Public

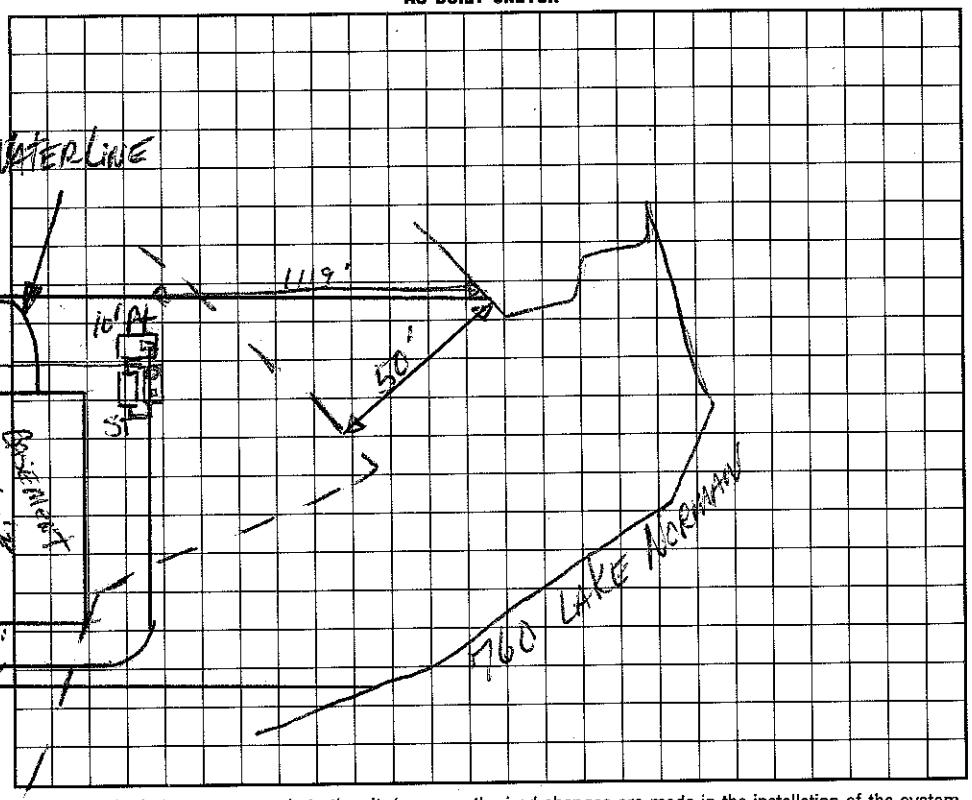
Comments: 560 × .5 = 3360; 336 × .75 = 1680 + 2352 = 2520 1.80; 560 × 12 = 1120 + 960 = 2080 20 7.5 150 1500

Comments: 69 5 (PARTIAL)

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 Ralph Ramsey

Improvement Permit by: Robert Hamm, RS date 3/27/97

~~Existing System Inspection by:~~ Construction Authorization Wesley Sparks RS. date 6/21/98

Installed by: Macleod Const. Co.

Certificate of Completion by: Jeff Mowrer date 6-10-99

Operation Permit by: Jeff Tompkins date 6-10-99

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