IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 21689 DATE Oct 31, '95 TAX MAP NO. part of 2CA3 Watershed: ☑ Yes ☐ No W54

OWNER OR CONTRACTOR Crescent Resources Inc (CMI HOMES) PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TL Lake Mist TR Cypress Cove Lane at end

SUBDIVISION Harbour BLOCK / SECTION II LOT 47, 47A LOT AREA 1½ 26,272 ft² sewer easement SITE CLASS. V pm. 1956 DESIGN FLOW 480 gpd L.T.A.R. - .3

Septic Tank: 1000 Gallons; STB 794 Date 12-31-96

Pump Tank: 1000 Gallons; PT 2-19 Date 2-19-97

Pump Make: Hydromatic Model SKH0150M2 Serial No. 5175-014-9

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 267

No Lines 4@67' Trench Width 24" Max Trench Bottom Depth ≈ 30" Gravel Depth NA

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

System Description: LPPPBPS (off site)

Repair System Description: Same (off site)

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ___

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

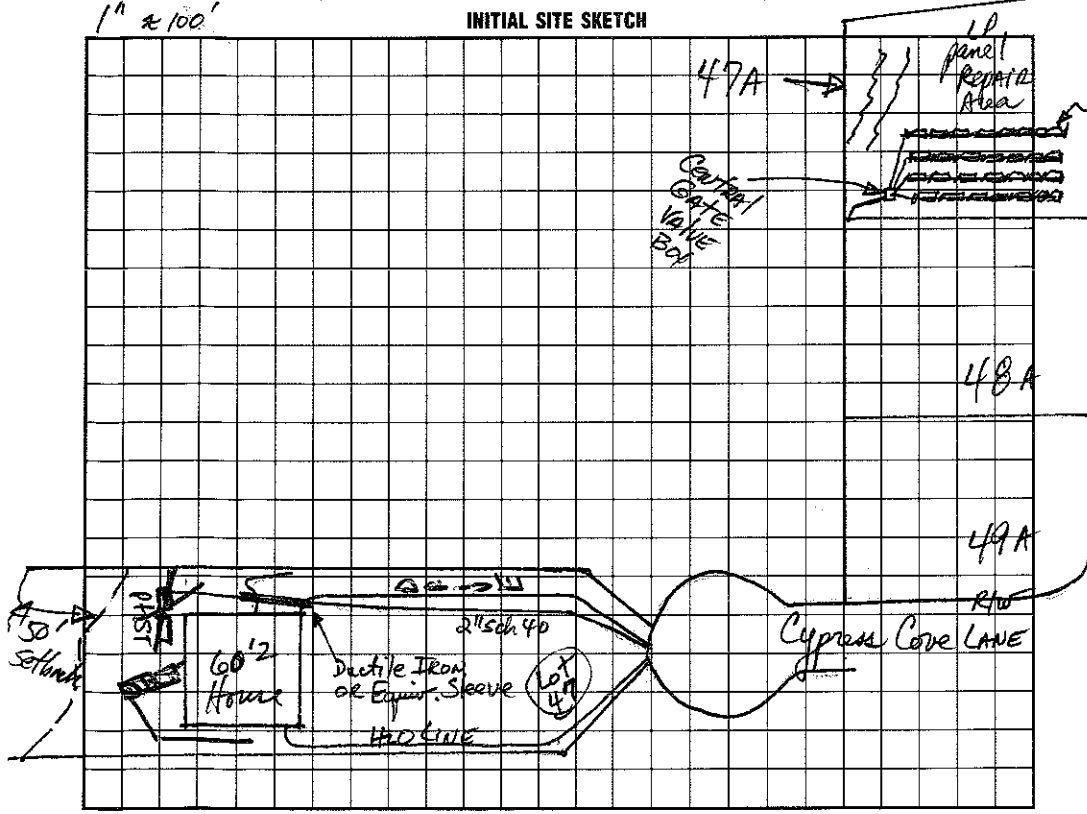
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: All waterline and irrigation water supply lines cross. They must do so with the wastewater line below with 18" min. separation — SUPPLY LINE UNDER DRIVE NEEDS TO BE SLEEVED PROPERLY OR AT PROPER DEPTH.

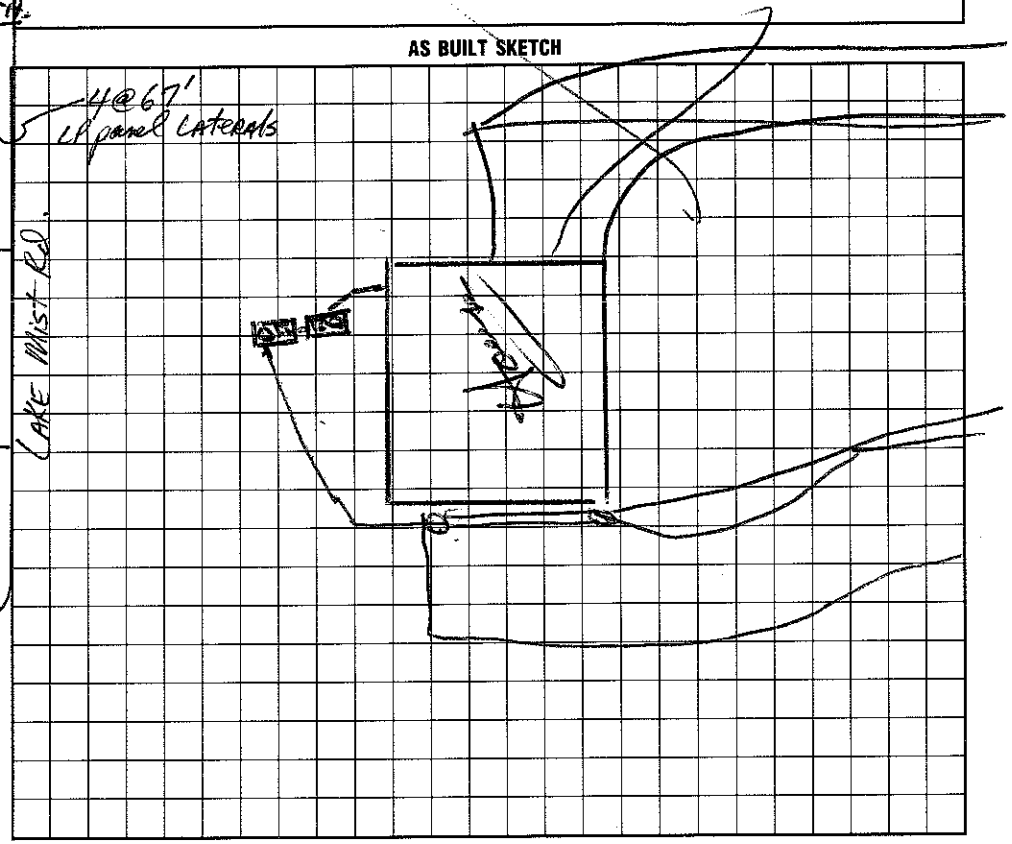
Comments:

1" ≈ 100'

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.

Signed: Tony Gaffney CPSS (98)

Improvement Permit by: Harold Hinson LRS date 10/31/95

Existing System Inspection by: C. Rudy Stevens date 10/15/96

Installed by: MacLeod Const. Co.

Certificate of Completion by: Wesley Sparks R.S. date 5/9/97

Operation Permit by: Wesley Sparks R.S. date 5/9/97

Auth. to Construct

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