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. 19007 DATE Jan 4 '95 TAX MAP NO. part of 2CA3 4625 59 2780 Watershed: ☑ Yes ☐ No WS-IV

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

ADDRESS PO Box 1003 Charlotte

LOCATION 1100 TR Bay Harbour Rd. TL Lake Mist Dr. TR Sunrise Circle LOT ON Right, Sewer easement on left

SUBDIVISION The Harbour I BLOCK / SECTION Map D LOT 47 LOT AREA ~120' sewer easement SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .4 (easement area)

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: 1000 Gallons; PT 251 Date _____

Pump Make: HYDROMATIC Model SHEF100M2 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: pumped ~~conventional~~ Same INFILTRATOR

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3/4 No. Bathrooms 3 No. Employees _____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: laterals to follow contour, pump requirements to be determined at the time of system installation.

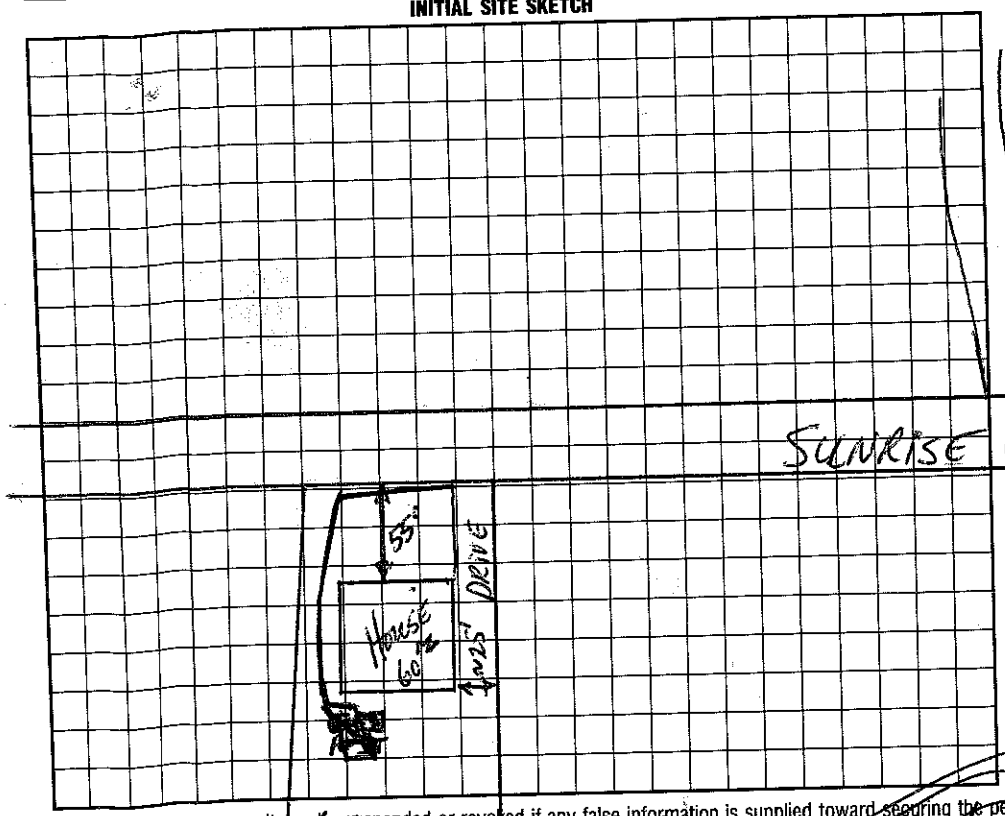
Comments: 4/7/95, Upgrade on dwelling to 4 bedrooms Change drainfield type to ~~Infiltrator~~ DRT

~~DEVELOPER~~

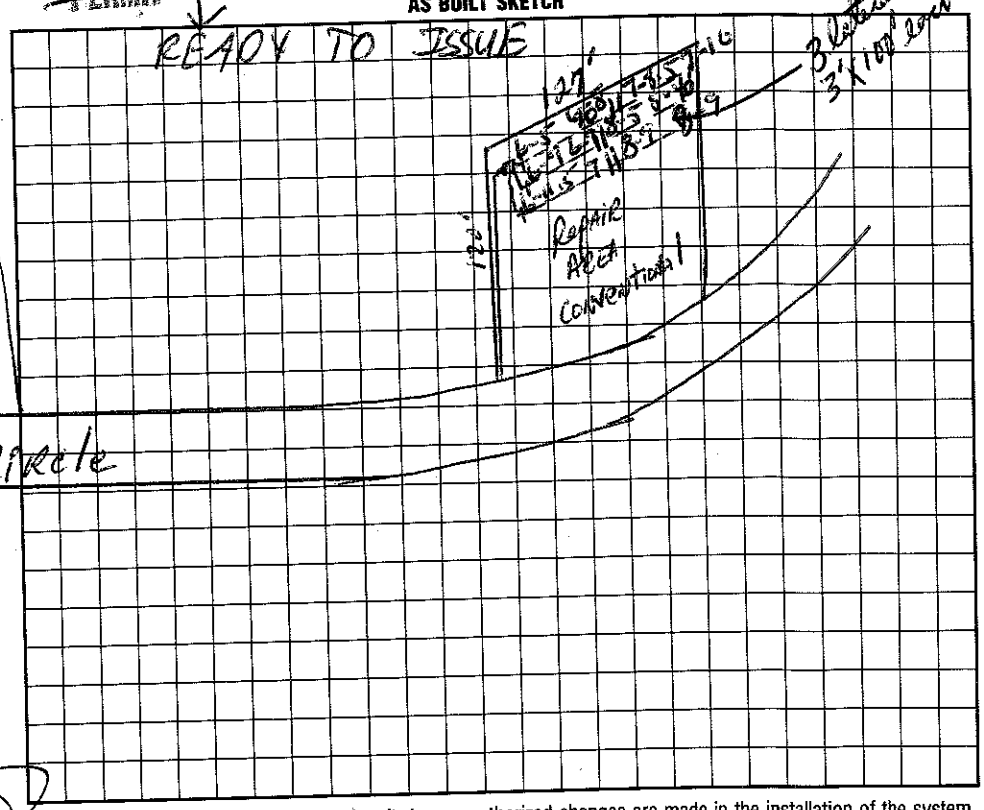
~~PERMIT~~

READY TO ISSUE

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

Issued: _____ date _____

Permit by: _____ date 1-4-95

System Inspection by: _____ date 12/19/96

Installed by: MacLeod

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 1/21/97

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