IREDELL COUNTY HEALTH DEPARTMENT

4625 59 4701 PH I Lot 48

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

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

PROPERTY DESCRIPTION NO. 19008 84453 DATE Dec 29, '94 TAX MAP NO. part of 2CA3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~Crescent Homes, Inc~~ MC HOMES PHONE: Business _____ Home _____ WSIV

ADDRESS PO Box 1003, Charlotte

LOCATION SR 1190 TR Bayharbour Rd TL Lake Mist Dr. TR Sunrise Circle lot on Rt - Sewer easement on Left 3rd house on rt

SUBDIVISION The Harbour BLOCK / SECTION Map D LOT 48 LOT AREA 1.120 ac sewer easement SITE CLASS. PS DESIGN FLOW ~~360~~ 480 gpd L.T.A.R. .4 (easement area)

Septic Tank: 1000 Gallons; STB 7943 Date 2-28-00

Pump Tank: 1000 Gallons; PT 25 Date 2-28-00

Pump Make Gould's Model 1/2HP 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, III, IV, V, VI

System Description: pumped conventional

Repair System Description: Same - INITIAL for

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms ~~3~~ 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

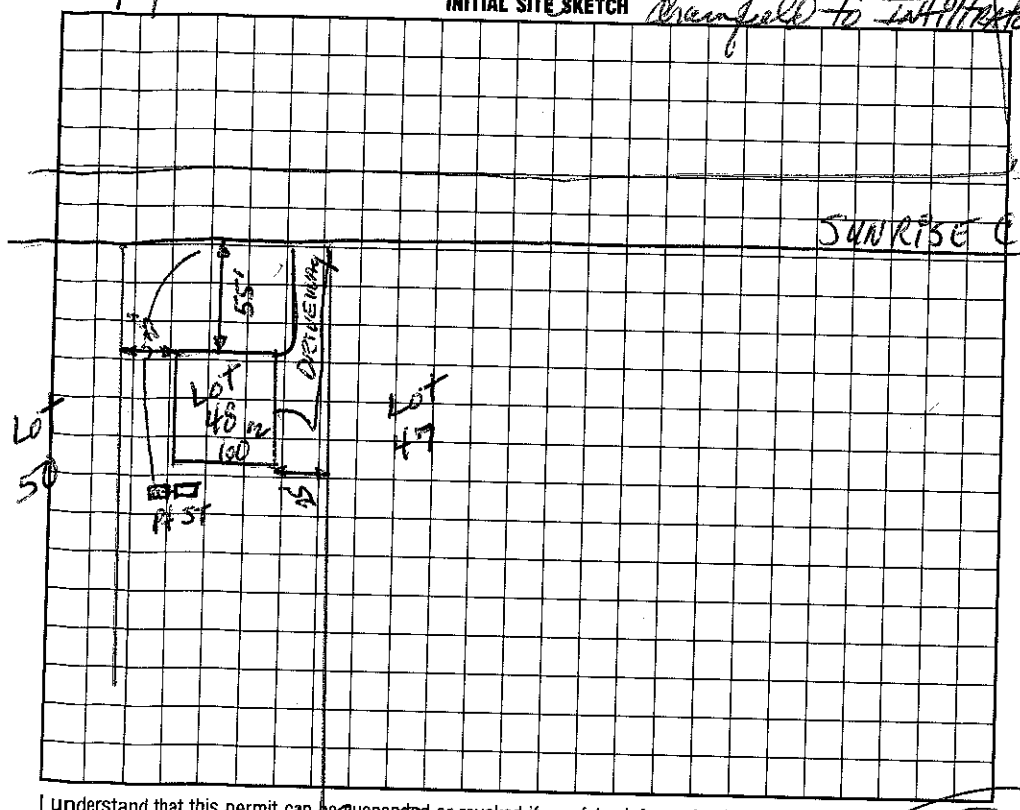
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Laterals to follow contour. Pump requirements to be determined at time of system installation

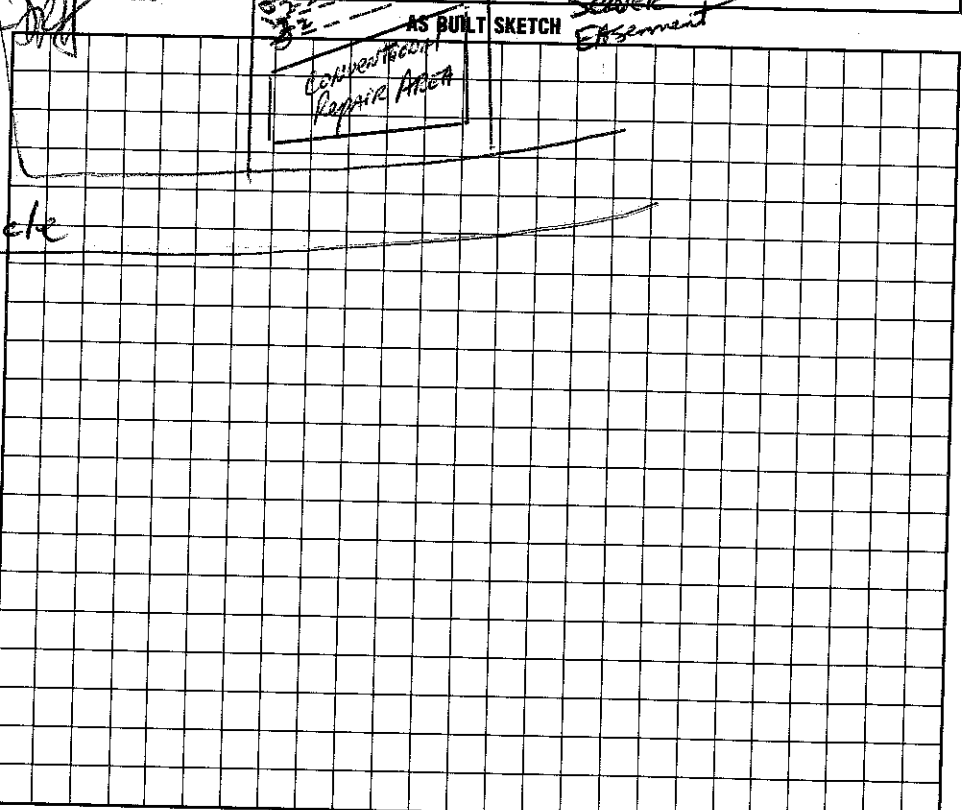
4/7/95 Upgrade on dwelling to 4 bedrooms, Change Drainfield to INFILTRATOR DLK

INITIAL SITE SKETCH



Comments: 3 Laterals 3" x 100' Each

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 12/29/94

Existing System Inspection by: _____ RS date 10/20/95

Installed by: R + H Inc.

Certificate of Completion by: Marian H. Dotson RS date 6/27/2000

Operation Permit by: Marian H. Dotson RS date 6/27/2000

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