IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18992 DATE Jan 6, '95 TAX MAP NO. part of 2CA34625 595307 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Inc // MI Homes PHONE: Business _____ Home _____ WSTE

ADDRESS PO Box 1003, Charlotte NC

LOCATION 400 TR Bay Harbour Dr TR Lake Mist Dr TR Sunrise Circle 2nd lot on left

SUBDIVISION The Harbour BLOCK / SECTION Map D LOT 24, 24A LOT AREA 4120 ft² SEWERED SITE CLASS. B per 1996 DESIGN FLOW 360 gpd L.T.A.R. .34

Septic Tank: 1000 Gallons; STB 794 Date 6/2/95

Pump Tank: 1000 Gallons; PT 29 Date 9/3/95

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: pumped ~~conv.~~ conv.

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initial only

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

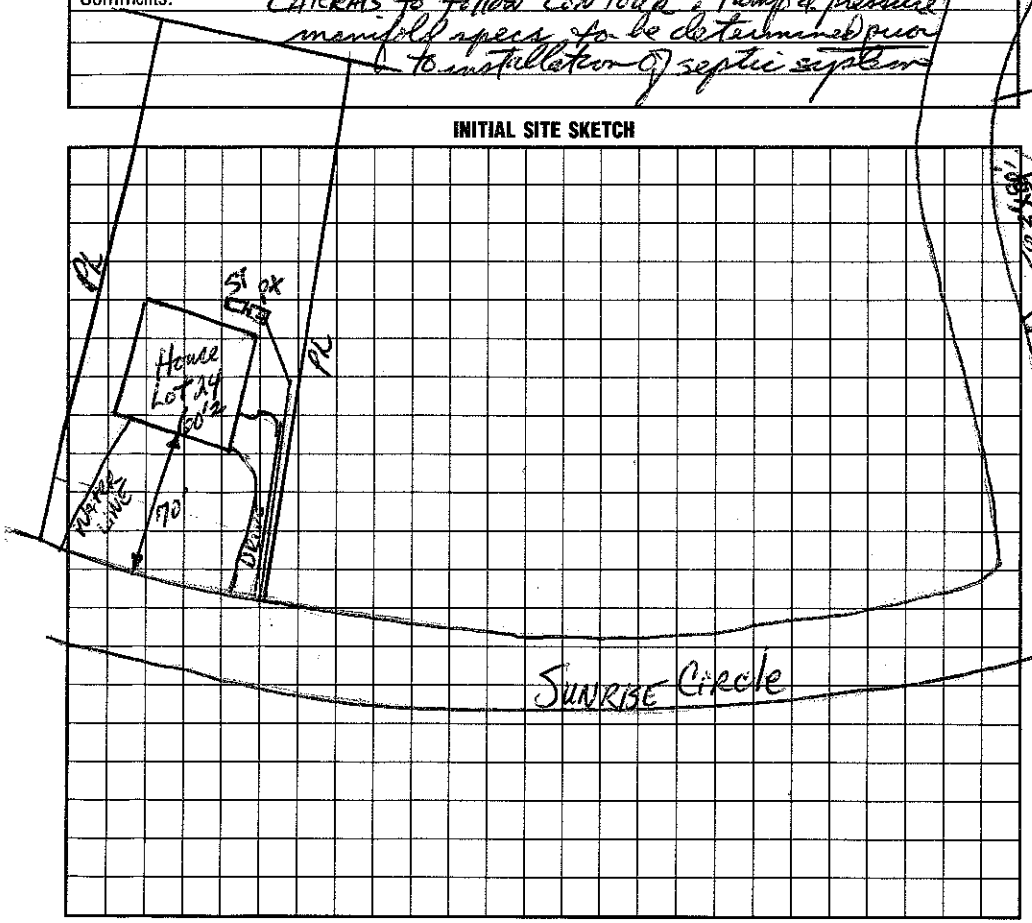
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

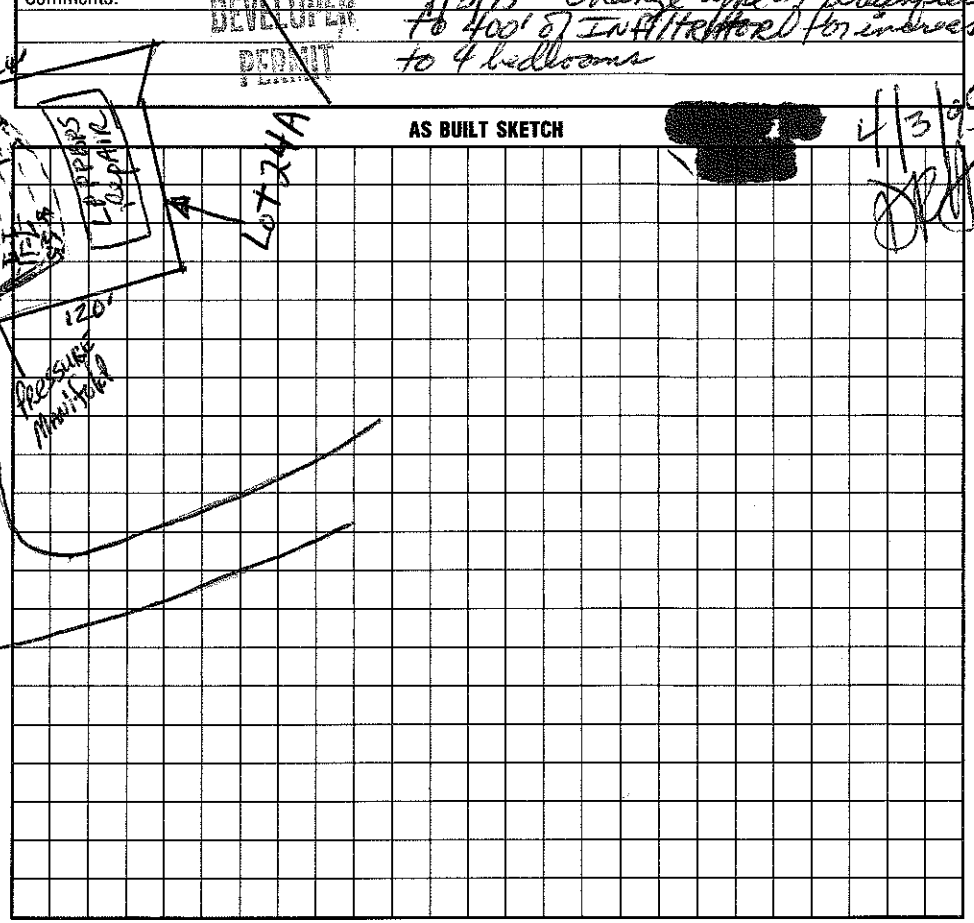
Comments: Laterals to follow contour. Pump & pressure manifold specs to be determined prior to installation of septic system

Comments: DEVELOPER PERMIT 4/3/95 change type of drainfield to 400' of INFILTRATOR for increase to 4 bedrooms

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: _____

Improvement Permit by: _____ date 1-6-95

Existing System Inspection by: _____ date _____

Installed by: MacLeod Const.

Certificate of Completion by: _____ date 10/25/95

Operation Permit by: _____ date 10/25/95

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