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. 18991 DATE 9-27-94 TAX MAP NO. 2C-A-3 part of Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc/Toney C Jacobs,CPSS PHONE: Business 663-6905 ~~Home~~ 4625-59-6328

ADDRESS PO Box 1003 Charlotte NC 28201-1003

LOCATION entrance on west side of SR 1100 .2mi south of SR 1177-Bay Harbour Rd to Lake Mist Dr to Sunrise Cir-at SW corner

SUBDIVISION The Harbour BLOCK / SECTION 1/D LOT 23 LOT AREA 21780 min SITE CLASS. P per 1996 DESIGN FLOW 360 L.T.A.R. 0.3 → .2

Septic Tank: 1000 Gallons; STB 774 Date 9/22/95

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 300 Hours

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: 4 LPPBFS INFILL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

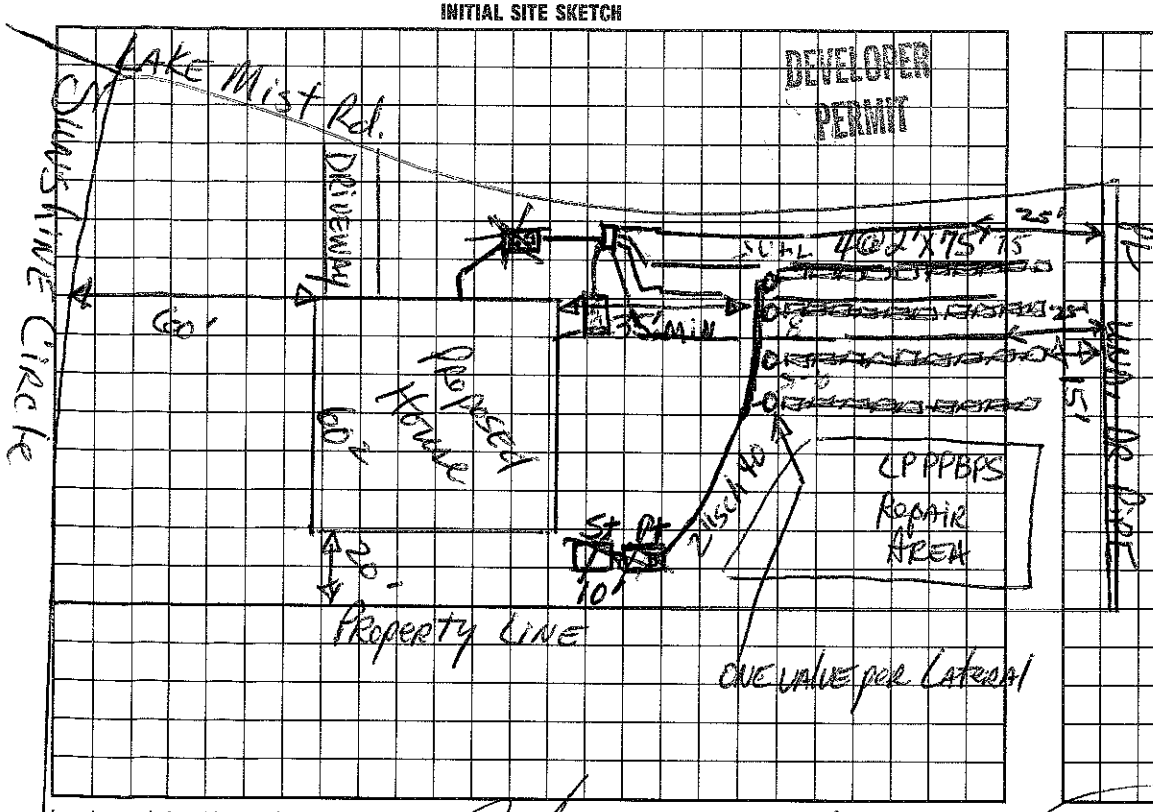
Water Supply:
☐ Individual
☒ Community
☐ Public

Comments: Laterals to follow contour. Design specs to be determined prior to installation of system.

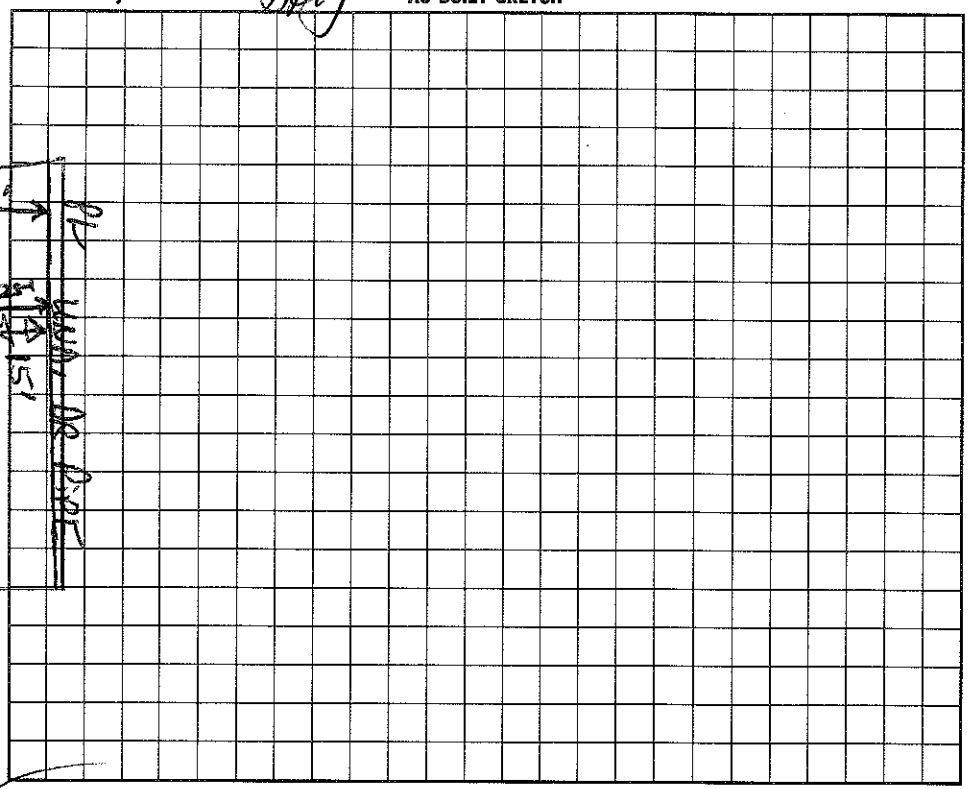
Comments: Drainfield snowed and rained on before covering - Pumped out to dewater as much as possible - 1/26/96 AMS

7-31-95

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 10/24/94

Existing System Inspection by: _____ date _____

Installed by: Macleod Construction

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS date 1/26/96

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