IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVI

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING S.

PROPERTY DESCRIPTION NO. 19011 DATE Oct 18, '94 TAX MAP NO. part of 2CA3 Watershed: ☐ ☐

OWNER OR CONTRACTOR Crescent Resources, Inc. / MI Homes PHONE: Business ~~Home~~ 4625-59-6678 EN

ADDRESS PO Box 1003, Charlotte, NC

LOCATION Brawley School Rd. TR Bay Harbour No. TL LAKE Mist Dr. on Rt at jct w/ Sunrise Circle

SUBDIVISION The Harbour BLOCK / SECTION Map D, LOT 51 LOT AREA 25,000 sq ft SITE CLASS. 75 per 1936 DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB ~~750~~ Date 8-1-9

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet ~~240~~ 360

No Lines 5 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: ~~quick~~ PPBS INFILTRATION

Repair System Description: ~~quick~~ LP PPBS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

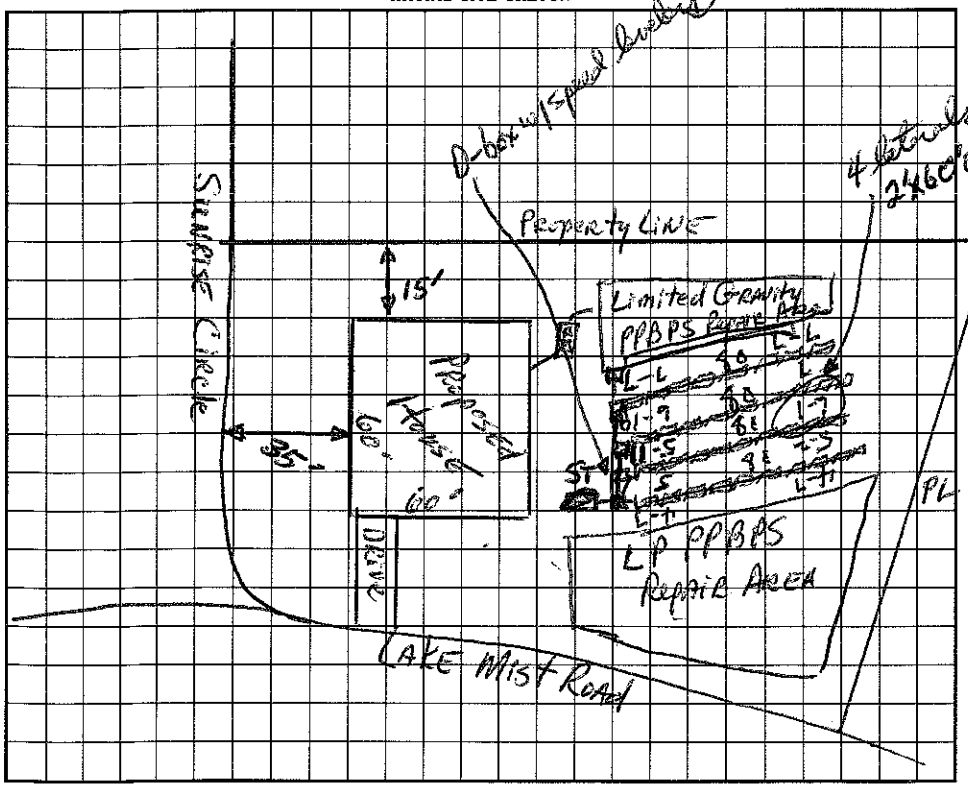
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments: Laterals to follow contour. Water Line installation not to cross septic system AREA. DEVELOPER PERMIT Drop Boxes okid - Change okid tws

Comments: READY TO ISSUE 4/4/95 DRH

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: David R Hamrick IRS date 10/18/94

Existing System Inspection by: _____ date _____

Installed by: RL Mayhead

Certificate of Completion by: Wesley Sparks RS date 9/5/95

Operation Permit by: _____ date _____

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