4625 69 2189

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. 18883 DATE April 21, 195 TAX MAP NO. 2CA3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Inc PHONE: Business _____ Home _____

ADDRESS PO Box 1033 Charlotte NC

LOCATION Brawley Sch Rd. TR Bay Harbour TL LAKE Mist TL 2nd ST 130 BAYPORT LN. TO END

SUBDIVISION The Harbours BLOCK / SECTION _____ LOT 20 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 2260gpd L.T.A.R. .3

Septic Tank: 3000 Gallons; STB 7 Dellinger Date 1-14-95

Pump Tank: PER 2nd Gallons; PT 142 Dellinger Date 3-7-95 3-7-95

Pump Make: Myers Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: pump/pm/multiple conv fields some

Repair System Description: _____

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other Rec. facility/Pool

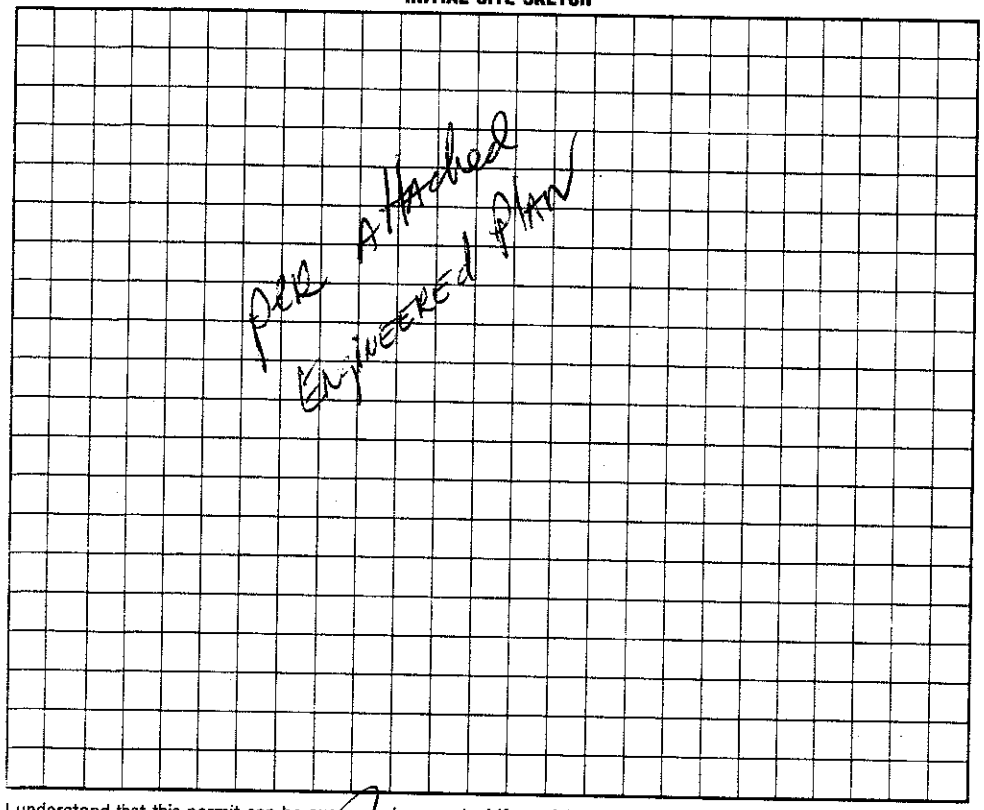
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

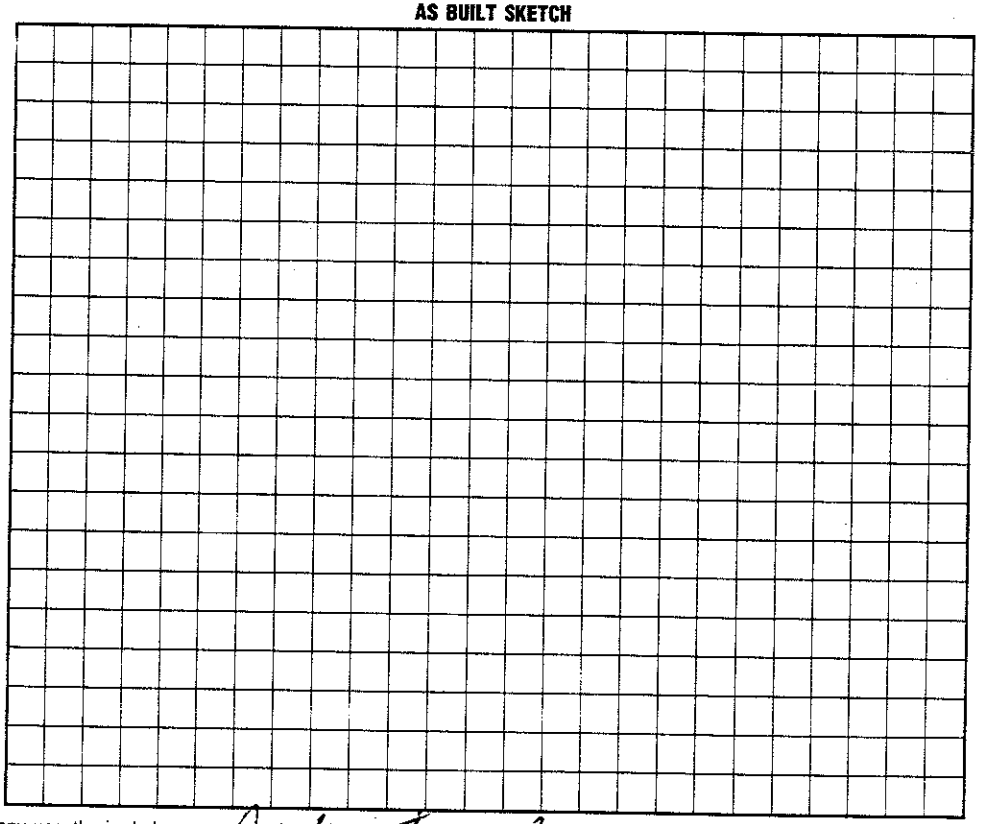
Comments: Engineer to provide written certification that final installation meets the specifications set forth in his plan. Furthermore, "As built" drawings to be provided to this department.

Comments:

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: X

Improvement Permit by: _____ date 4/21/95

Existing System Inspection by: _____ date _____

Installed by: _____ date _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 11-8-95

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