IREDELL COUNTY HEALTH DEPARTMENT

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

4625 69 6847

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

PROPERTY DESCRIPTION NO. 18384 DATE JULY 12 1994 TAX MAP NO. PT OF 2C A 3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR CRESCENT RESOURCES INC; JOHN WIELAND PHONE: Business _____ Home _____ LN

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION entrance on west side of SR 1100 ~1/4 mile south of SR 1177 is Bay Harbour Rd, left onto Lake Mist Dr, left onto Jonquil Ct

SUBDIVISION the Harbour BLOCK / SECTION 1 LOT 7 LOT AREA 21,780 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 4/1/96

Pump Tank: 1000 Gallons; PT 27 Date 8/22/95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 eq Linear Feet 267

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPP PPBPS

Repair System Description: OFF SITE - SEE ATTACHED

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

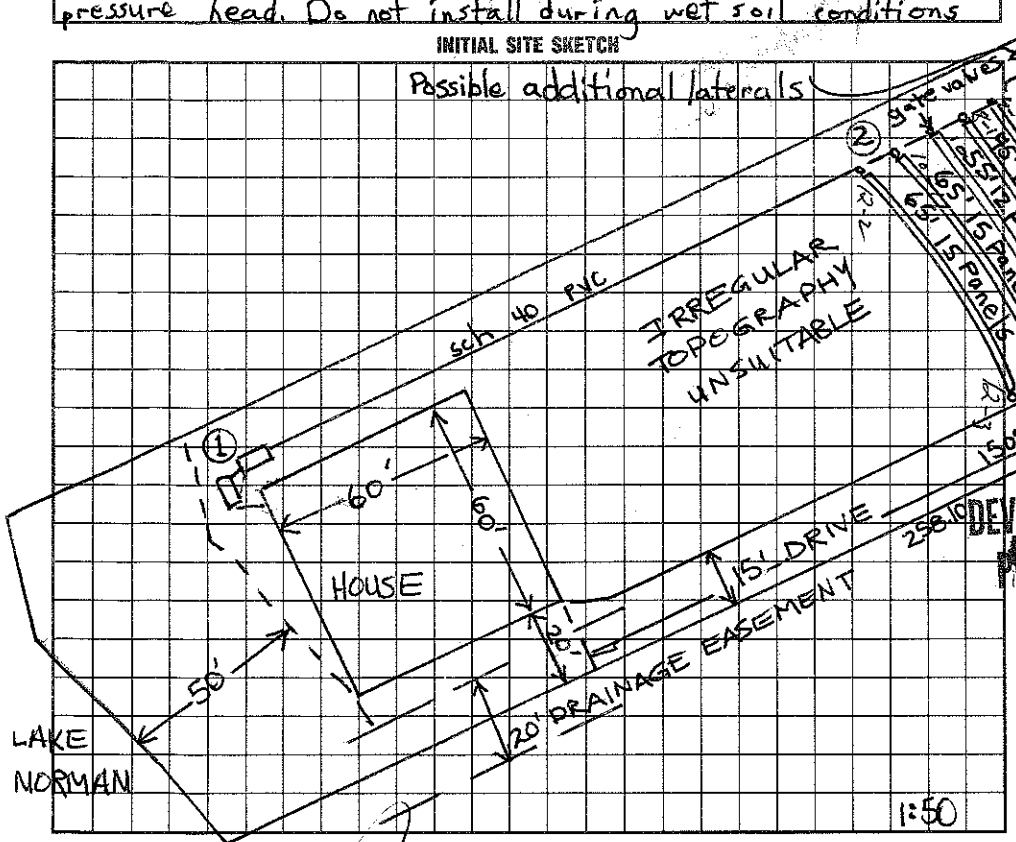
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

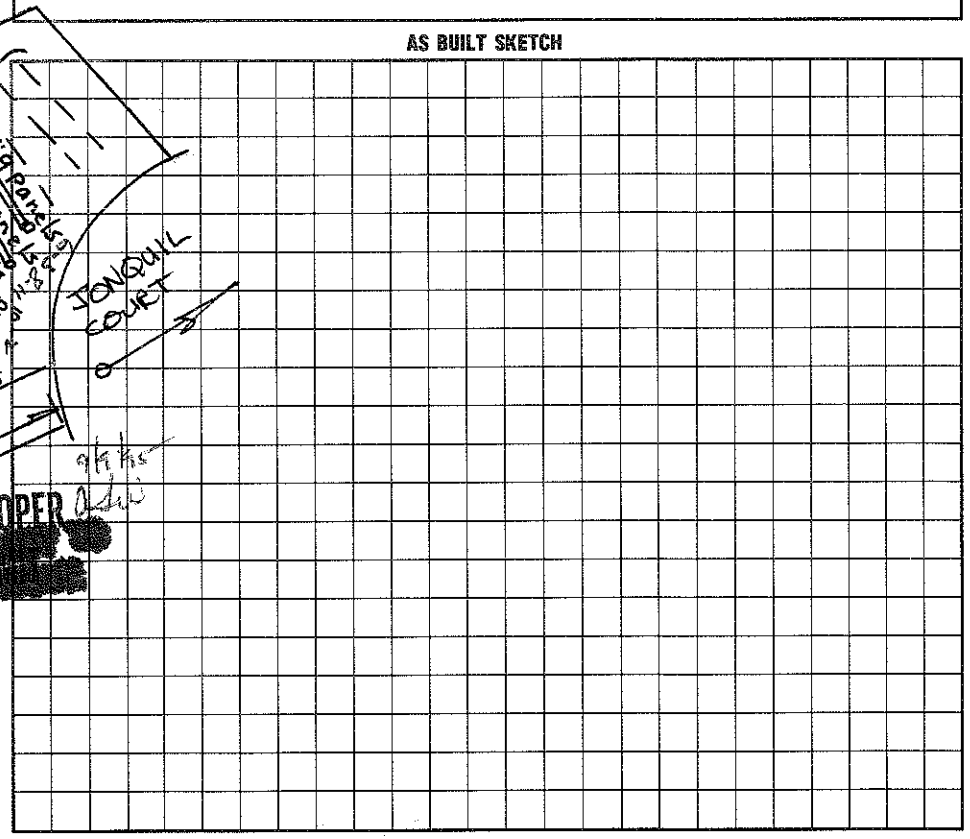
Comments: (1) check valve after quick release joint. floats on float tree. lift station design per 1952. (2) 2" sch 40 PVC distribution lines, one 3/16" per panel. pipe terminated in valve box finished at grade. 2' pressure head. Do not install during wet soil conditions

Comments: 1" Drawdown 55 5 27

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: Tammy Marley CSS Agent Wesley Sparks RS

Improvement Permit by: Andrea Lemon Wesley Sparks RS date 7/13/94

Existing System Inspection by: _____ date _____

Installed by: R L MacLeod

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 6/21/96

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