IREDELL COUNTY HEALTH DEPARTMENT

4625805270

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

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

3/13/96

PROPERTY DESCRIPTION NO. 21050 DATE May 26, 1995 TAX MAP NO. part of 2CA3

OWNER OR CONTRACTOR Crescent Resources, Inc / Buddy Corman PHONE: Business _____ Home _____ Watershed: ☑ Yes ☐ No

ADDRESS PO Box 1003, Charlotte LOCATION Brawley Sch Rd. TR Yacht Rd. TR Baybreeze Ct. 1st lot on left

SUBDIVISION Yacht Shores BLOCK / SECTION II LOT 10 LOT AREA .634ac SITE CLASS. B pr.1952 DESIGN FLOW 480 gpd L.T.A.R. .3-.35

WS4

Septic Tank: 1000 Gallons; STB 794 Date 3/20/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: gravity infiltrators

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ 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:

3-13-96 House size reduced to 3 bedrooms. OK to reduce drainfield to 300' of filtrator or 400' conventional line if it will fit. DCH

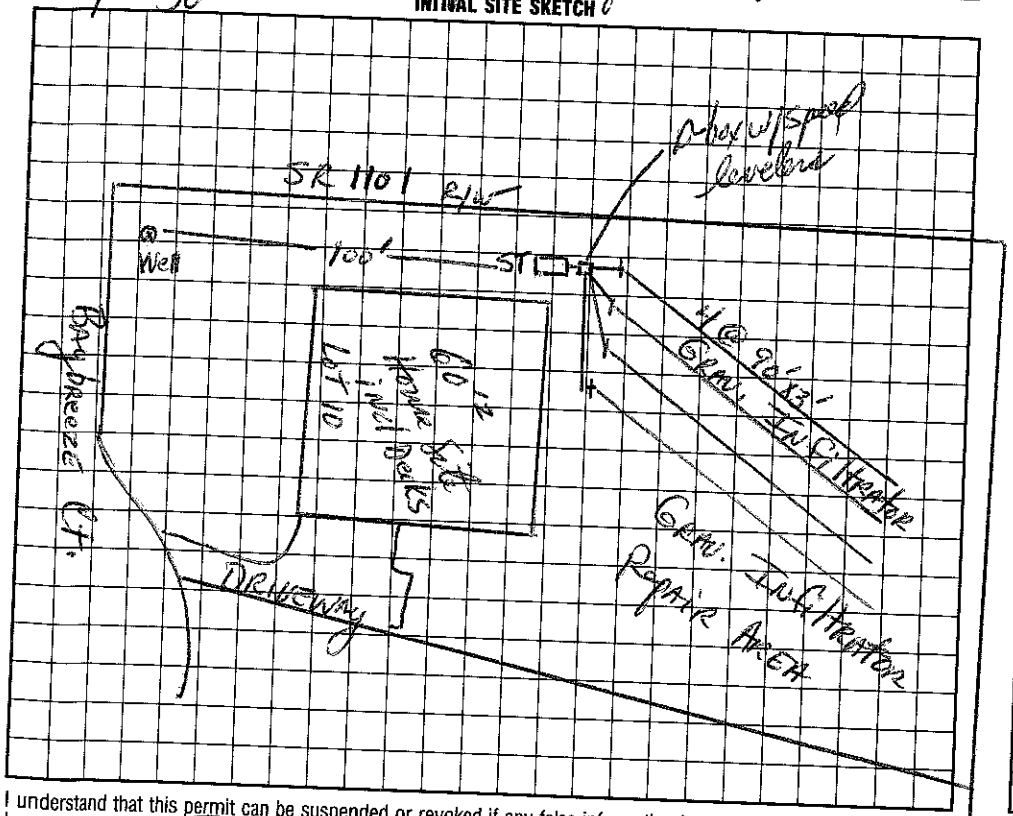
Comments:

DEVELOPER

PERMIT 3-15-96 READY TO ISSUE DCH

1"=50'

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: Jackie Hamm, RS date 5/26/95

~~Existing System Inspection by:~~ Authorization to Construct: A.H. Hanson RS date 3/13/96

Installed by: Curt Dennis

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 5/31/96

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