IREDELL COUNTY HEALTH DEPARTMENT

4626 04 6158

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

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

PROPERTY DESCRIPTION NO: 13471 DATE April 6, '94 TAX MAP NO. 2F3B16 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources / CARL LARSON JR PHONE: Business _____ Home _____

ADDRESS PO Box 30817 Charlotte NC 28230

LOCATION SR 1100 TR 1115 to end Bear left Appox. 1/10 mile on left

SUBDIVISION Lone Wolf Pointe BLOCK / SECTION _____ LOT 16 LOT AREA 1.9 ac SITE CLASS 5 DESIGN FLOW 360 gpd L.T.A.R. .46 (LPP)

Septic Tank: 1000 Gallons; STB 1012 Date 5/17/98

Pump Tank: 1000 Gallons; PT 17 Date 10/26/95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 3103 Linear Feet 619

No Lines 7 Trench Width 12" Max Trench Bottom Depth 16" Gravel Depth 8-10"

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

System Description: LPP

Repair System Description: LPP

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: Site to be developed as specified on LPP plan by Tony Jacobs. On site consultation required with septic system installer and Tony Jacobs prior to system construction. Written certification to be provided by system designer to the department stating compliance of LPP construction by plan.

Comments:

INITIAL SITE SKETCH

SEE LPP plan by Tony Jacobs

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 April 6, '94

Construction Inspection by: _____ date 13-18-98

Installed by: Richard Abernethy

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 10/4/96

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