IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. · STATESVILLE 704-878-5305 · MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. ~~065659~~ 119746 DATE July 3, '97 TAX MAP NO. 4625941684 (pt) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc / JSG Regal PHONE: Business 4625-20-1330 Home ____ LISTED

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TR Shipyard Pt Rd - at end

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 25/25A LOT AREA 30,011 sf SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. e 3

Septic Tank: 1000 Gallons; STB 7961 Date 6/30/04

Pump Tank: 1000 Gallons; PT 283 Date 7/9/04

Pump Make: Gouds Model WE01012HW Serial No. C03L06887

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pumped fm - Chamberged ea 25A

Repair System Description: LP Paved Block

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4.5 No. Employees ____

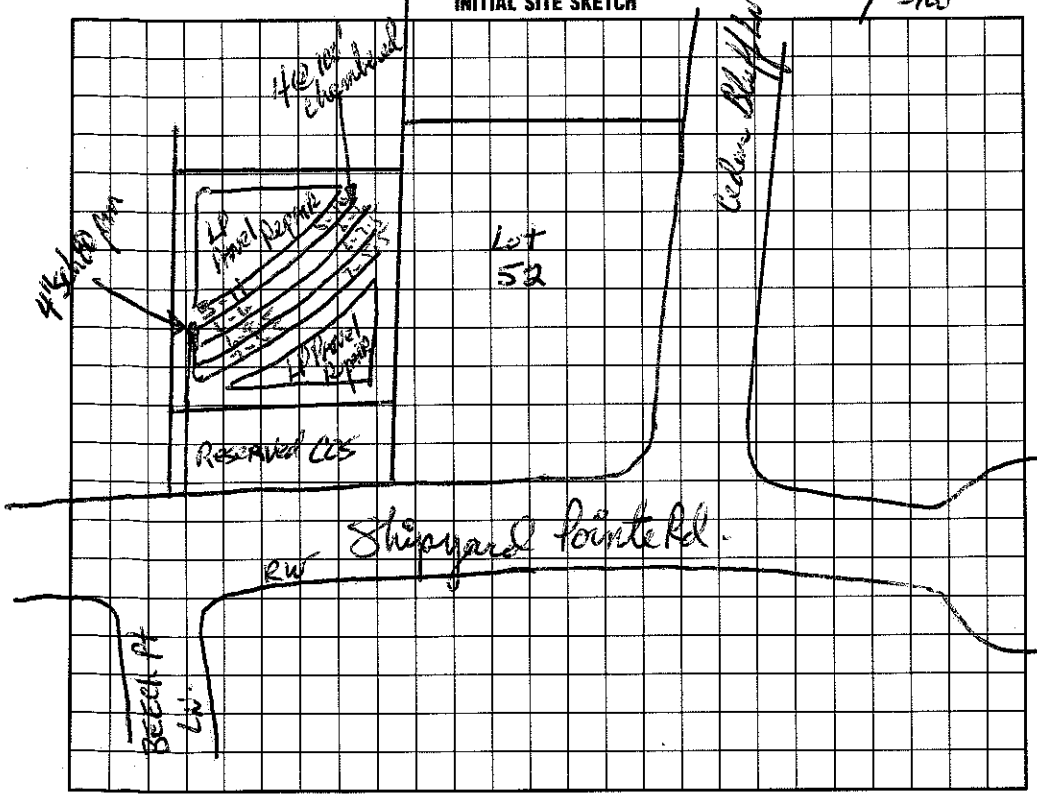
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

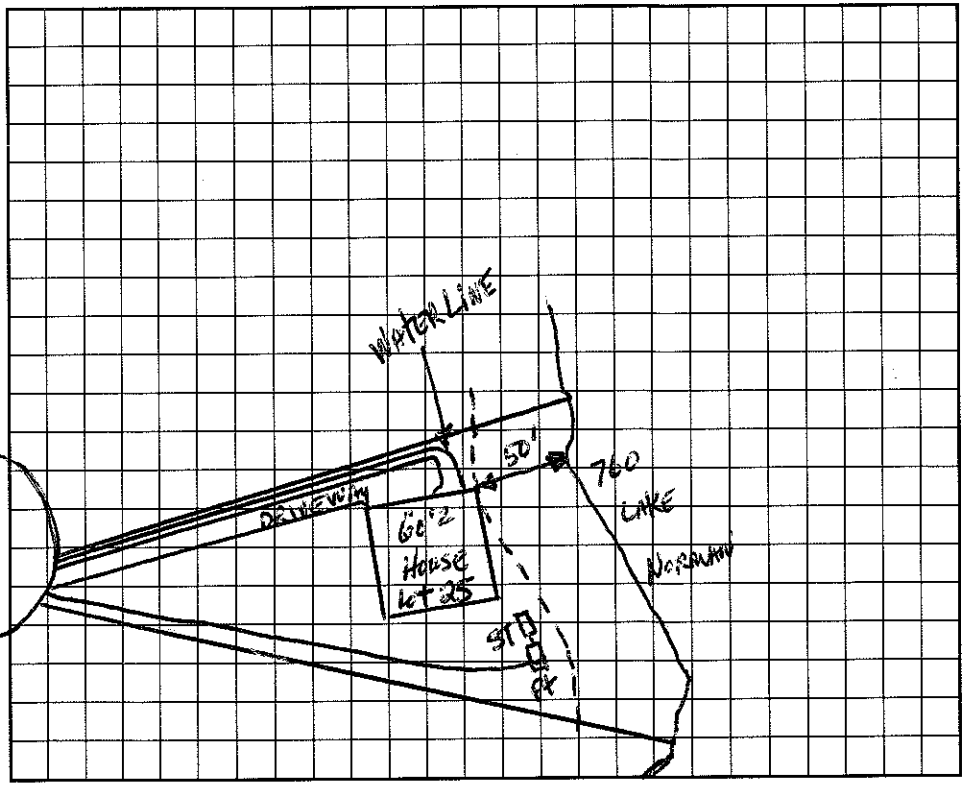
Comments: Reviewed site plan & building plans & essentially in Compliance with Improvement permit

Comments:

INITIAL SITE SKETCH 1"=100'



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: * [signature]

Improvement Permit by: [signature] RS date 7-3-97

~~Existing System Inspection by:~~ CONSTRUCTION Authorization [signature] R.S. date 3/11/04

Installed by: Ordison & Sons

Certificate of Completion by: [signature] RS date 9/16/04

Operation Permit by: ____ date ____

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