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. 065632 DATE May 29 '97 TAX MAP NO. 4625941684 (pt.) 4626-20-2341 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc. (Billy Allen) PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TR Shipyard Pt. 3rd Lot on Right past Beach Pt. Ln.

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 22 LOT AREA 1/29069 SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7-29-00

Pump Tank: 1000 Gallons; PT 27 Date 9-1-00

Pump Make: Gould Model _____ Serial No. _____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: pm chambered sand

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms 4/4

☐ Business No. Employees _____

☐ Other _____

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

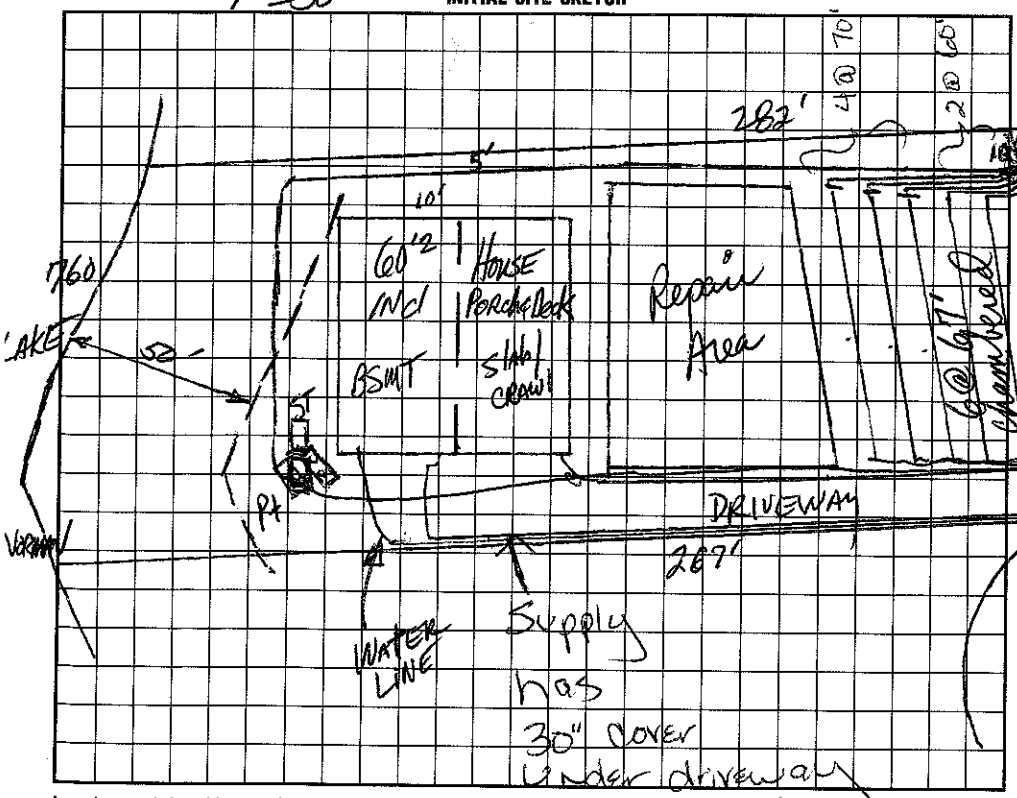
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: 10-17-99 Reviewed house & site plan; appears substantially in compliance w/ I.P. Dsgn.

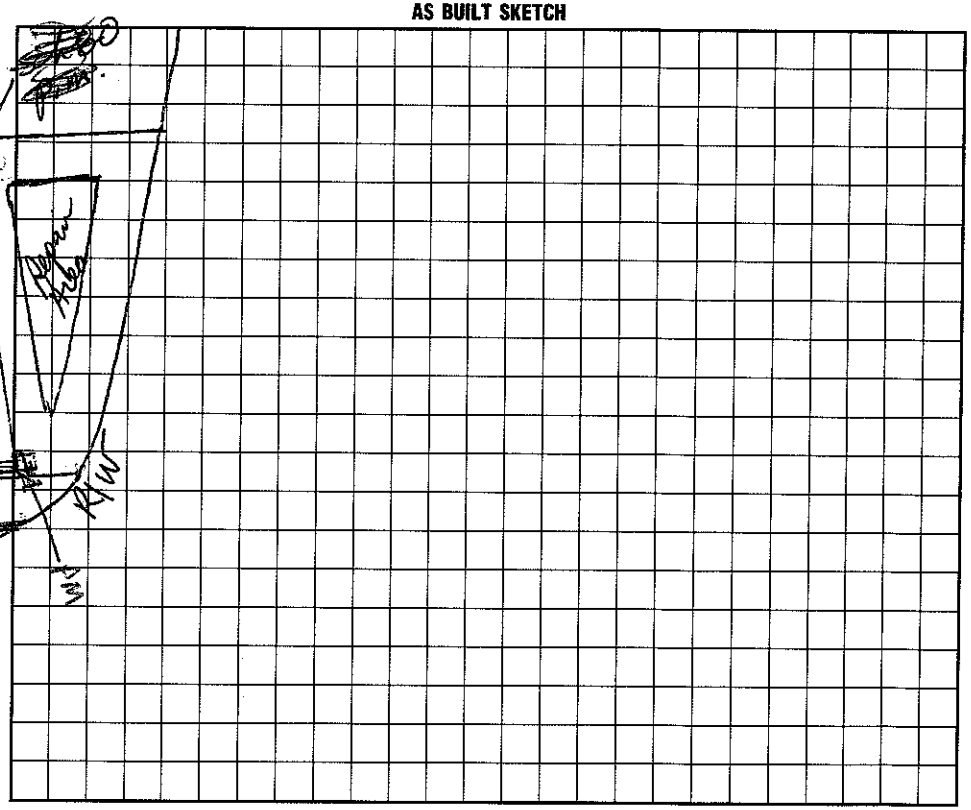
Comments: (PARTIAL) Filter & riser installed Tanks & lines checked 9/1/00 ~~X~~ Need to check pressure

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: ~~X~~ [signature]

Improvement Permit by: DR Thomas RS date 5-29-97

~~Existing System Inspection by:~~ CONSTRUCTION AUTHORIZATION [signature] (RS) date 10-12-99

Installed by: Onbison Const. Co.

Certificate of Completion by: Wesley Sparks R.S. date 11/1/00

Operation Permit by: _____ date _____

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