IREDELL COUNTY HEALTH DEPARTMENT Const. Ap'l. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 065623 DATE May 28, '97 TAX MAP NO. 4625941684 (pt.) Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business ______ Home ______

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd TR Bay Harbour TR Shipyard Pt TR Beech Pt Ln. At end

SUBDIVISION The Harbours BLOCK / SECTION 6 LOT 19 LOT AREA 38015 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ______ Date ______
Pump Tank: 1000 Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
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: PM Chambered
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Bathrooms 4 No. Employees ______

Water Supp ☐ Individua ☑ Commun ☐ Public

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing (partial)

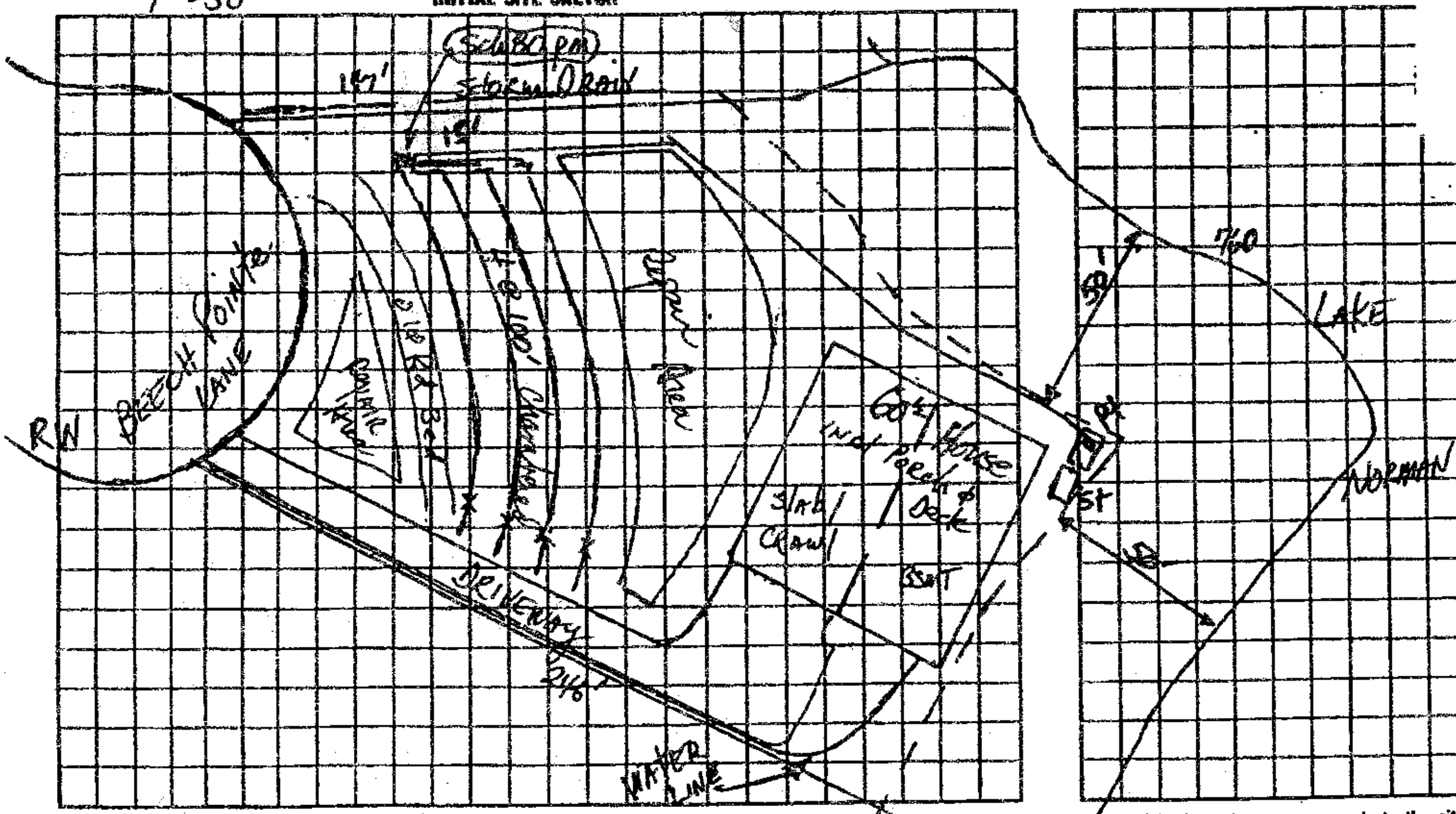
Comments: ONE inspection/observation port per Lateral

Comments:

Improvement Permit only
Do not issue Building Per

1"=50'

INITIAL SITE 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 syste
Improvement Permit is valid for 60 months from date of issuance.

Signed: ______

Improvement Permit by: ______ , RS date 5-28-97

Construction
~~Existing System Inspection~~ by: ______ date ______

Installed by: ______

Certificate of Completion by: ______ date ______

Operation Permit by: ______ date ______