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. 065618 DATE May 28, '97 TAX MAP NO. 4625941684 (pt.) 4626209429 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc (Doug Fisher) PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour TR Shipyard Pt. TR Beech Pt. Ln. at end 116 Beechpointe Ln

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 17 LOT AREA 33,037 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/28/01

Pump Tank: 1000 Gallons; PT _____ Date 9/28/01

Pump Make: Goulds Model WE0712H Serial No. K015215

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

No Lines 6@67' 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 No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

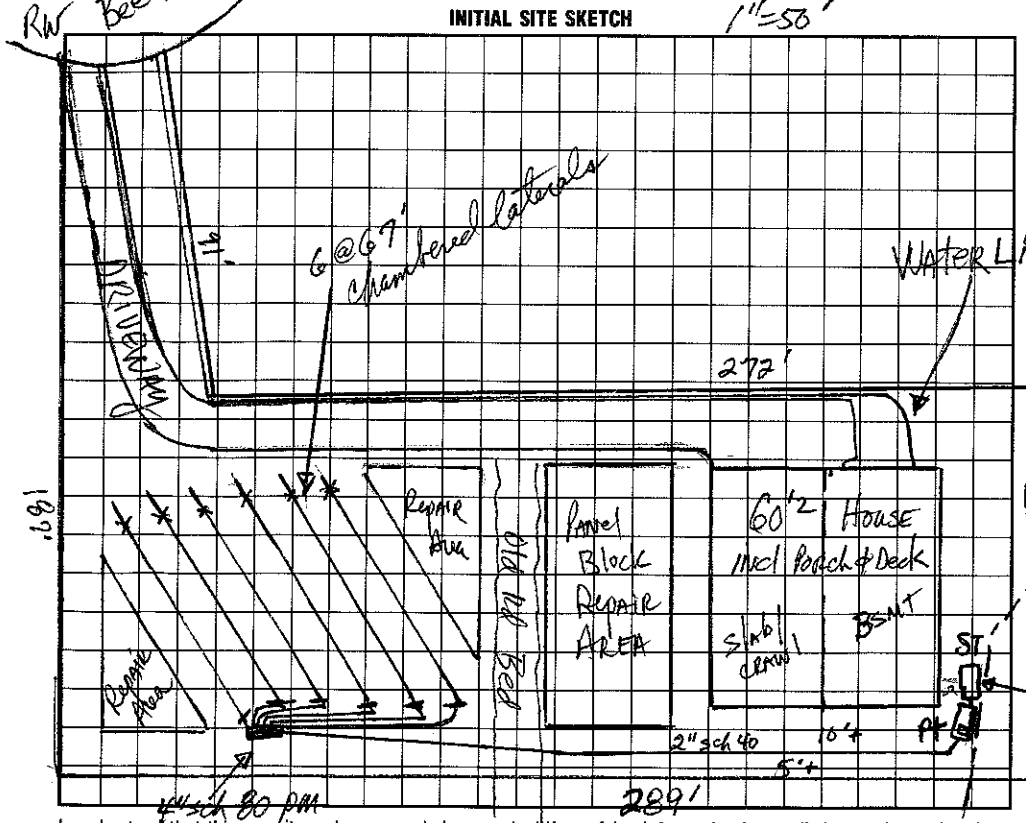
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

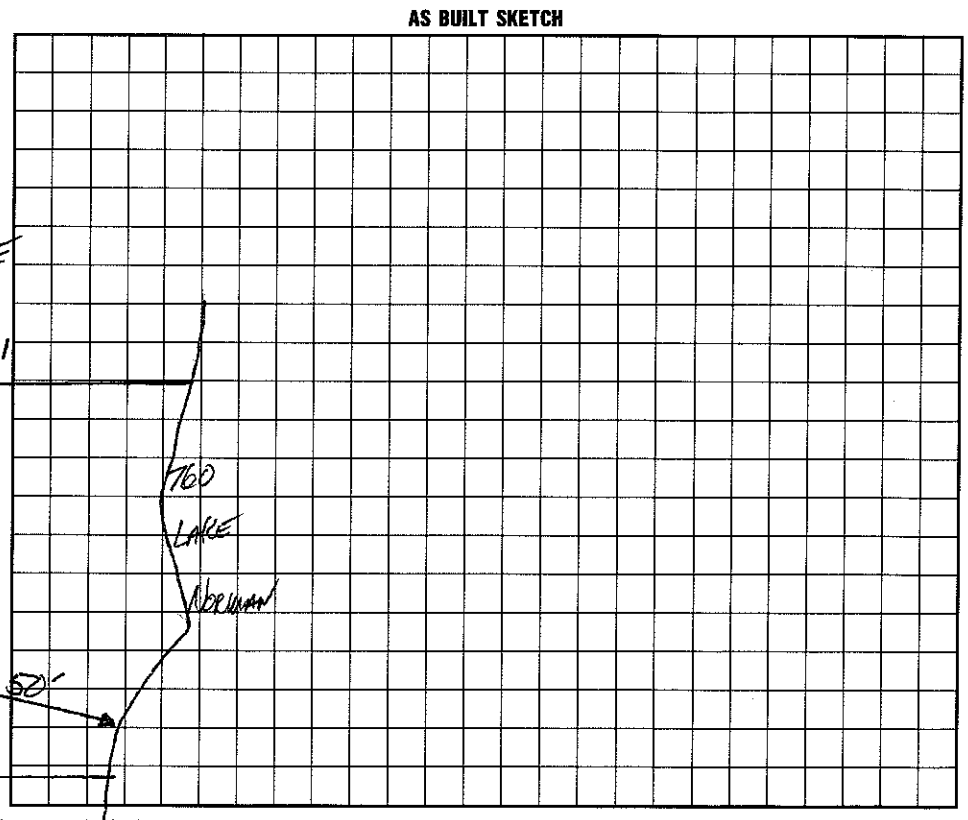
Comments: * ONE inspection / observation port per Lateral

Comments: PARTIAL

INITIAL SITE SKETCH 1"=50'



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 _____

Improvement Permit by: DR Hudson, RS date 5-28-97

~~Construction~~ ~~Existing System Inspection~~ by: Wesley Sparks, RS date 12/4/00

Authorization

Installed by: Scibison

Certificate of Completion by: _____, RS date 3/7/02

Operation Permit by: _____ date _____

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