COUNTY HEALTH DEPARTMENT

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

AUTHORIZATION TO CONSTRUCT

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

1:30

DESCRIPTION NO. 065660 DATE 7/31/97

OR CONTRACTOR CRESCENT RESOURCES INC. TAX MAP NO. 4625-91-4654 (pt)

ADDRESS PO BOX 1003, CHARLOTTE. PHONE: Business 4626-30-4232 Home

LOCATION BRAWLEY SCHOOL RD. TR BAY HARBOUR - TR SHELYARD PT PL - TR CAVES COVE LN. ON PT

SUBDIVISION HARBOR BLOCK / SECTION 6 LOT 7 LOT AREA SITE CLASS. PS DESIGN FLOW 660 L.T.A.R. .3 GPD/FT²

Watershed: ☑ Yes ☐ No

Septic Tank: ~~1000~~ 1500 Gallons; STB 794 Date 5/12/98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 300

No Lines 4@125 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: GRAVITY CHAMBERED

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees

☐ Other

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

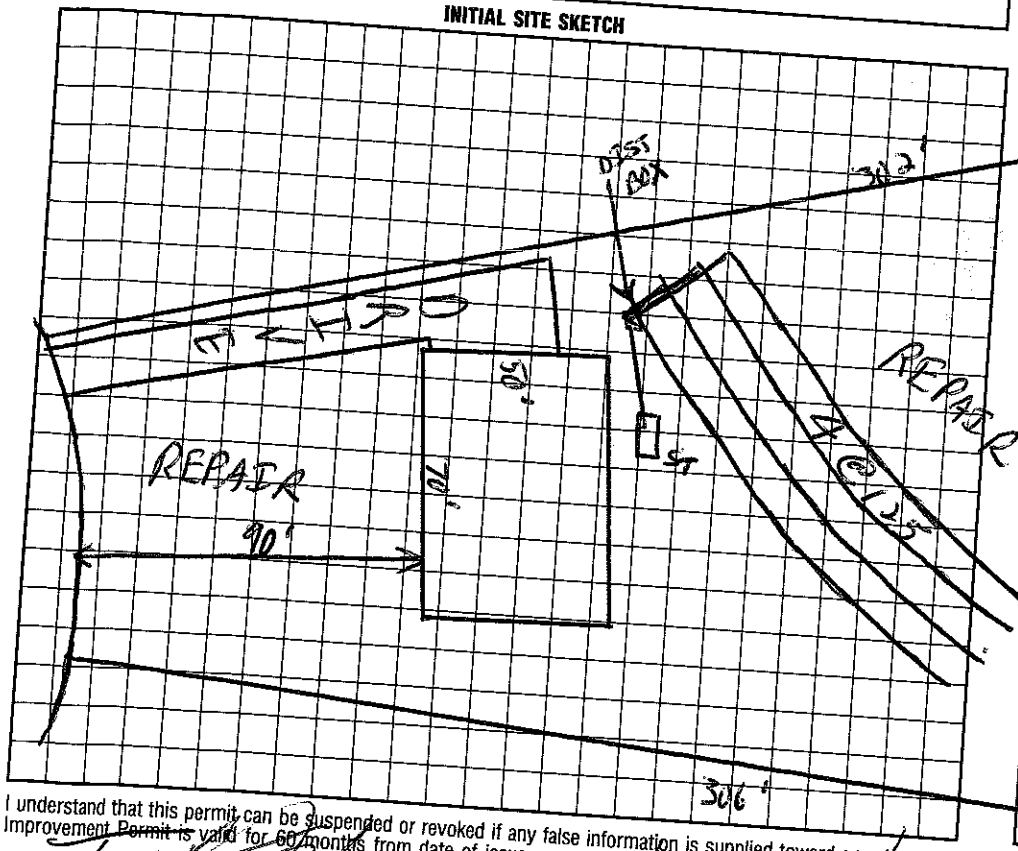
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

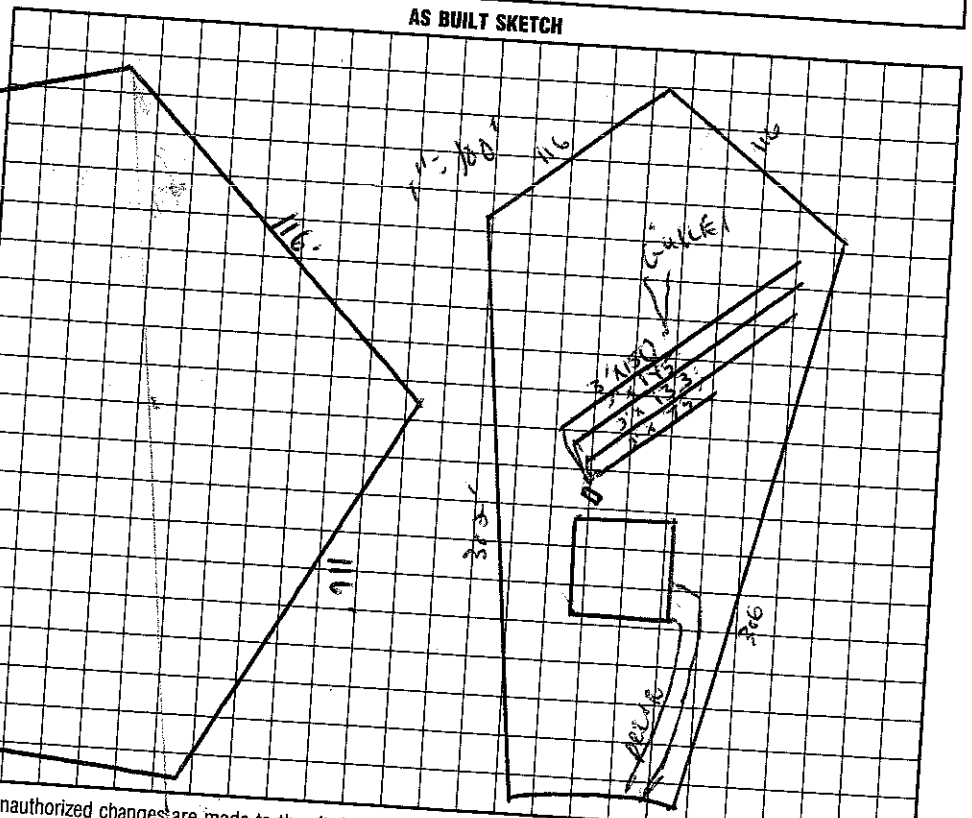
Comments:

FIRST CENE FED TO FILL UP AND BACK TO BOX. DROPPING DOWN TO FEED NEXT 3 CENES EQUAL.

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:

Improvement Permit by: date 8/5/97

Existing System Inspection by: date 8/5/97

Installed by: TERRY JONES

Certificate of Completion by:

Operation Permit by: date

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