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. 23369 DATE June 10, 196 TAX MAP NO. ~~part of 2CA3~~ 4626305541 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc. STATESVILLE BURBANK PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Quickwood TL Morrow's Ridge Ln. TR Lake Spring Loop TR Windy Knoll Ln. on left

SUBDIVISION The Harbour BLOCK / SECTION III LOT 39 LOT AREA > 25,000 ft² SITE CLASS. PS on 1956 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 10/22/97
Pump Tank: 1000 Gallons; PT 17 Date 1/17/98
Pump Make: HYDROMATIC Model SHEFSOAI Serial No. 1198
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 3@67' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP panel
Repair System Description: LP panel
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

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

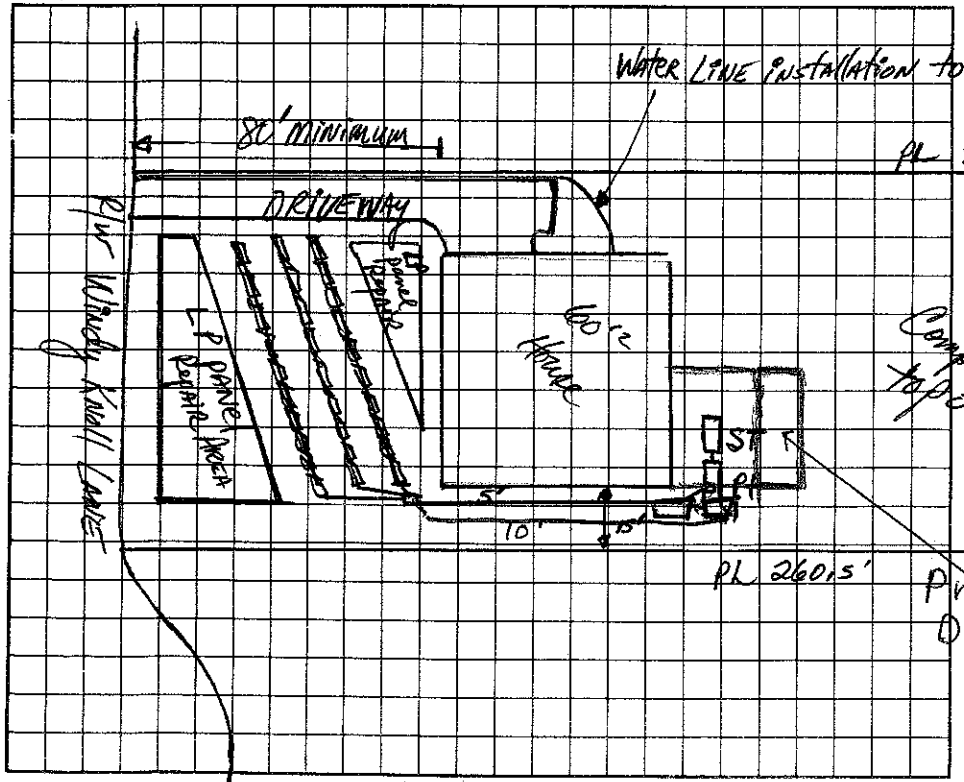
Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: House could be moved further back into lot to provide additional options with septic system. Good topo underneath proposed house site.

Comments:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

ICHD-Environmental Health Division

The proposed / ~~existing~~ Deck addition does not appear to impact the existing septic system.

**NOTE: _____

Judy Melville R.S.

Date: 6-12-12

ICHD Environmental Health Division

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.

Signed: _____

Improvement Permit by: _____ date 6-10-96

~~Existing System Inspection~~ Construction Authorization: Wesley Sparks RS date 9/24/97

Installed by: Macleod Const.

Certificate of Completion by: Wesley Sparks RS. date 4/20/98

Operation Permit by: Wesley Sparks RS date 4/20/98

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