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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. 23357 DATE June 13, 96 TAX MAP NO. part of 2CA3 4626 41 0183 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources dba Bellsey Burbank PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Chinkwood TL Moreaus Ridge Ln TR Wild Iris AT END ON Right (Nitrification Lines in SFE I)

SUBDIVISION The Harbour BLOCK / SECTION III LOT 14 LOT AREA _____ SITE CLASS. PS on 1956 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 5/19/97

Pump Tank: 1000 Gallons; PT 27 Date 6/29/97

Pump Make: HYDROMATIC Model M-51A Serial No. _____

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

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: pumped - pm - chambered I

Repair System Description: pumped chambered or panel block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

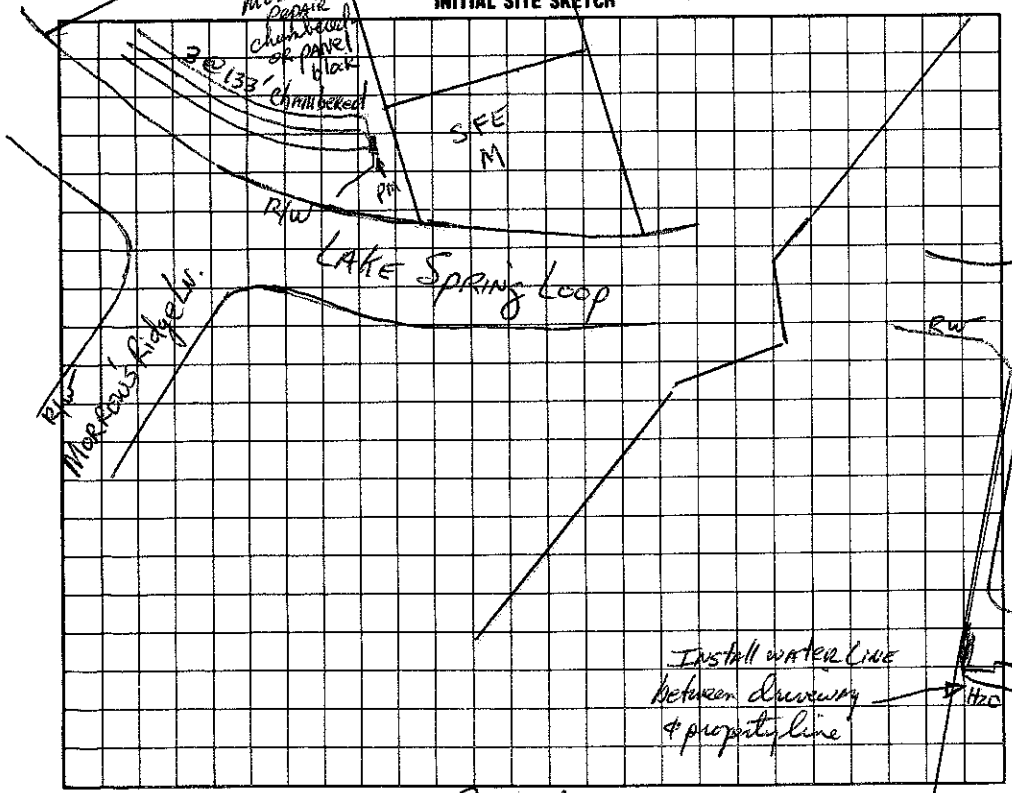
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Lot 14 unsuitable due to topography & soils requiring use of an offsite septic field easement

Comments: 7/29/97 - Drainfield approved - PARTIAL
8/15/97 - Tankset approved.
8/18/97 Set pressure & close - Waiting on alarm & elec.

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.

Signed: _____

Improvement Permit by: _____ date 6-13-96

~~Existing System Inspection by:~~ Construction Authorization: _____ date 3/3/97

Installed by: Macleod Const.

Certificate of Completion by: Wesley Sparks R.S. date 9/24/97

Operation Permit by: Wesley Sparks R.S. date 9/24/97

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