IREDELL COUNTY HEALTH DEPARTMENT / Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 18989 DATE 9-26-94 TAX MAP NO. 2C-A-3 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc/~~Dailey & Zoboleneck~~ PHONE: Business 663-6905 ~~Home~~ 4626-50-1910

ADDRESS PO Box 1003 Charlotte NC28201-1003

LOCATION entrance on west side of SR1100 .2mi south of SR 1177-Bay Harbour Rd to Pine Cliff Ln-second on left

SUBDIVISION The Harbour BLOCK / SECTION 1/C LOT 80 LOT AREA 21,780 min SITE CLASS. P DESIGN FLOW ~~480~~ 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 794 Date 9/21/95
Pump Tank: 1000 Rep. Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 2 Square Feet ~~440~~ 1920 Linear Feet 480 X
No Lines 8 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 6"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity ~~conventional~~ INFILTRATOR
Repair System Description: pump to conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms ~~3~~ 4
No. Bathrooms 3
No. Employees ____

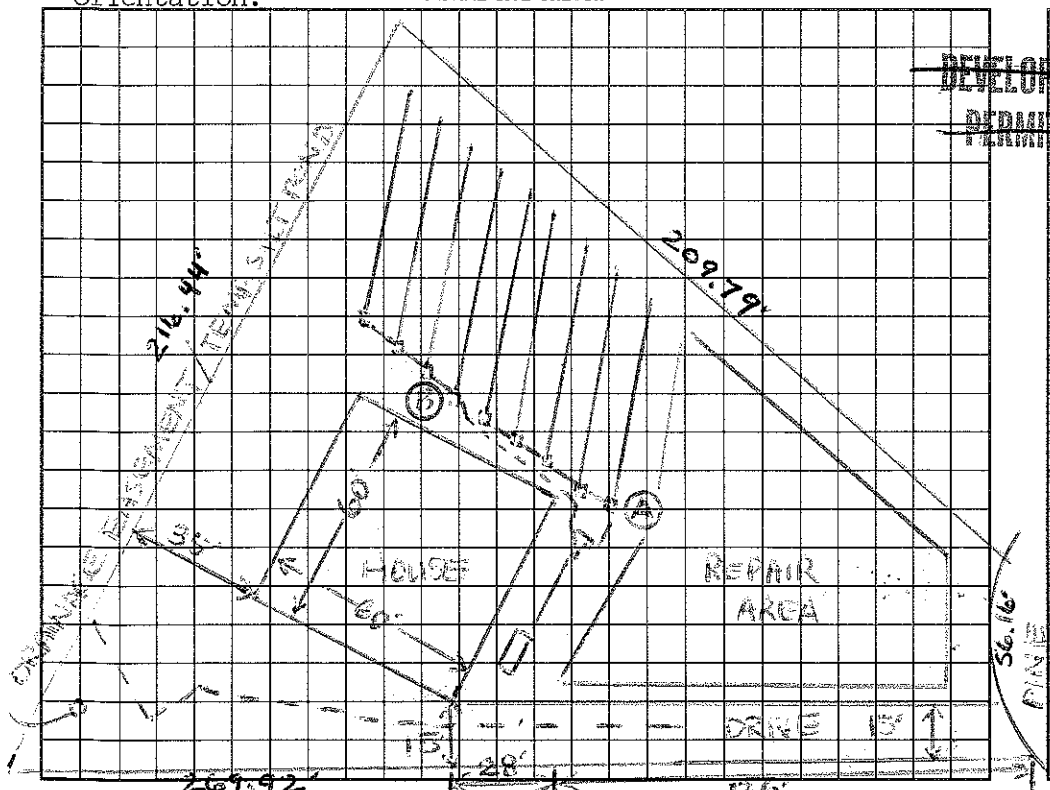
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: Site is favorable for PPBPS installation if space is too limiting. Elevation of plumbing could be critical to gravity flow. Subfield (A) consists of 5 laterals of 48', subfield (B) consists of 4 laterals of 60'. See file for alternate house orientation.

Comments: X 12/4/ - Changed to INFILTRATOR

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 9-29-94

Existing System Inspection by: Authorization to Construct Wesley Sparks R.S. Date 11/30/95

Installed by: Barry Thompson

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks R.S. date 5/10/96

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