3-4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18977 DATE Dec 22, '94 TAX MAP NO. part of 2FC5 Watershed: ☑ Yes ☐ No WSIV

OWNER OR CONTRACTOR Jerussy Burbank / Crescent Resources Dev PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION 1902 TR Bay Harbour Rd. TL Peregrine Ct on left at end

SUBDIVISION The Harbour BLOCK / SECTION 1 LOT 60 LOT AREA 1.34Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 9-12-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet ~~400~~

No Lines ~~5~~ 5 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth N/A

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

System Description: gravity LPBPS

Repair System Description: pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

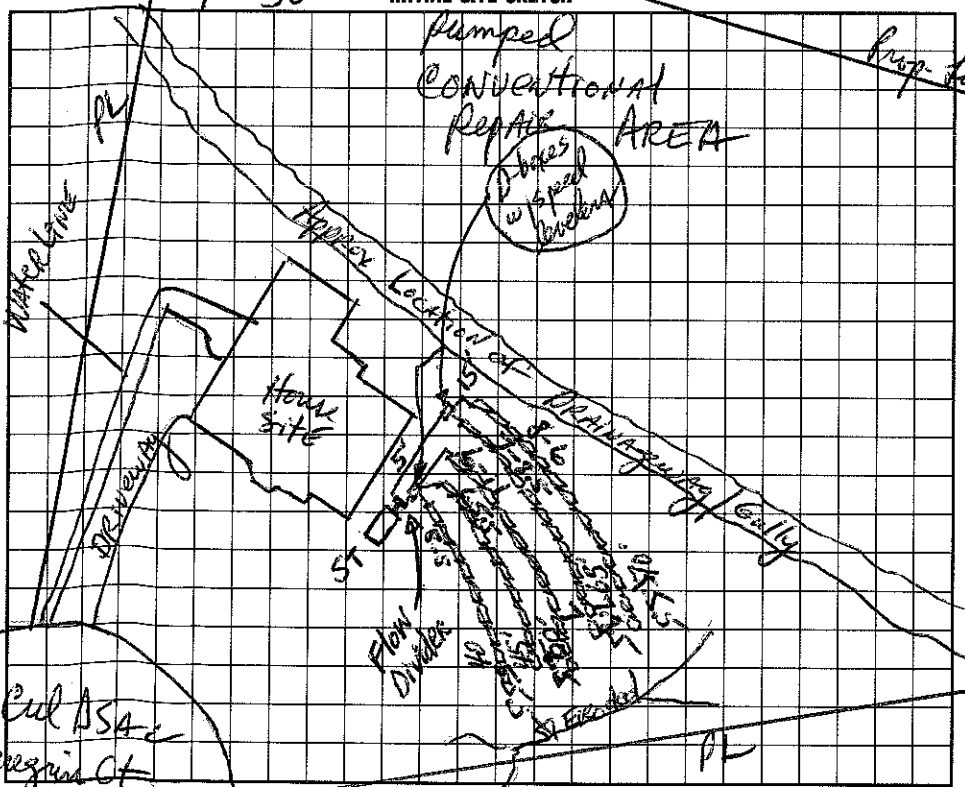
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Exist plumbing at ~~[redacted]~~ Right front corner at existing grade

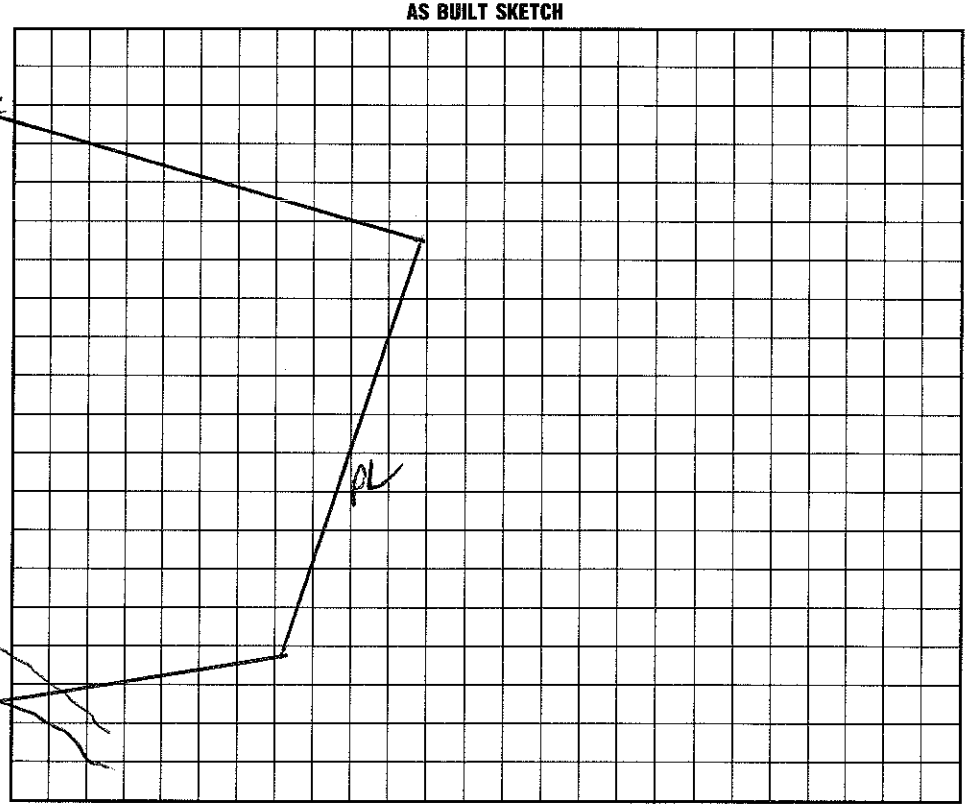
Comments: OK to install 5 @ 60' INFILTRATOR laterals 7-24-95 PLC

1"=50'

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: James R Hinson PS date 12/22/94

Existing System Inspection by: _____ date _____

Installed by: Barry Thompson

Certificate of Completion by: Wesley Sparks PS date 9/9/95

Operation Permit by: _____ date _____

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