IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 19912 DATE Dec 30 '94 TAX MAP NO. part of 2CA3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources, Corp PHONE: Business 4626-50-9188 Home

ADDRESS PO Box 1003 Charlotte

LOCATION 1190 TR Bay Harbour Rd. on left at corner w/ Lake Mist Dr and Sandpiper Drive

SUBDIVISION The Harbour BLOCK / SECTION PORTION LOT 95 LOT AREA .46 SITE CLASS. PS per 1536 DESIGN FLOW 150 gpd L.T.A.R. = .3

Septic Tank: 1000 Gallons; STB STB-791 Date 2/7/95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: gravity conventional

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees 1

☑ Other +25 visitors/day appx

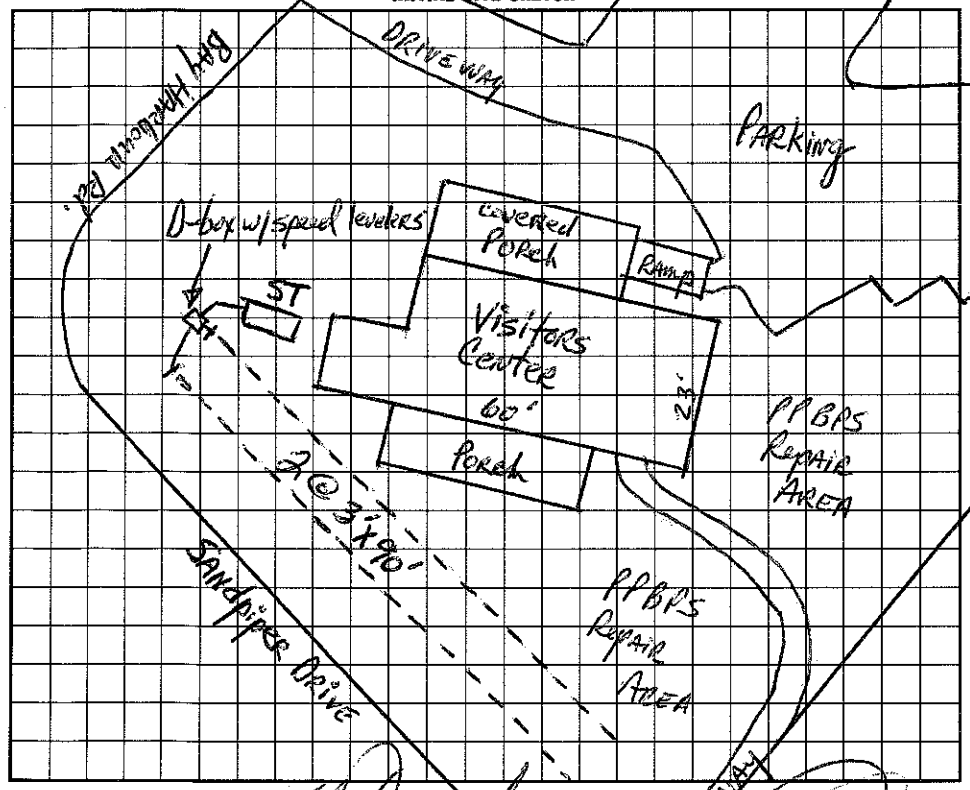
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

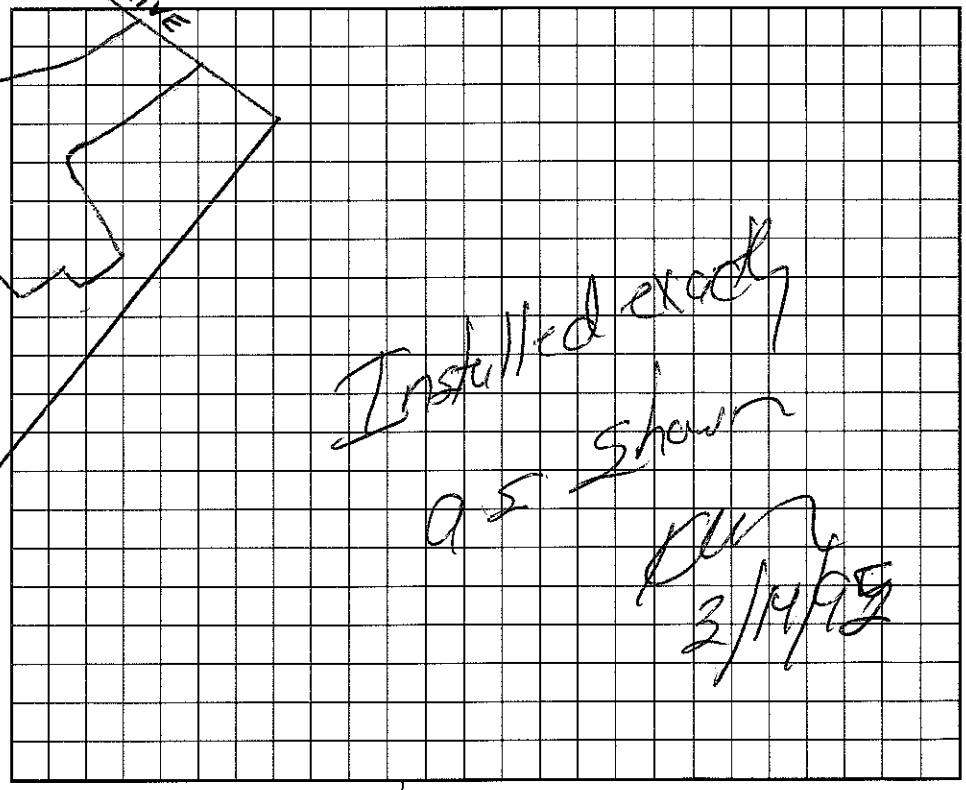
Comments: 1" = 30'

Comments:

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 12/30/94

Existing System Inspection by: date

Installed by: Ken Parker Jr. Date Grad

Certificate of Completion by: date 3/14/95

Operation Permit by: date

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