2:30 125

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# ~~0.75010~~ 101968 PIN# ~~4627-89-1516 (Lot 1)~~ 4627-89-1516 DATE Dec 14, 98

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

ADDRESS P.O. Box 1033, Charlotte

LOCATION 150 W. TR Paradise Peninsula TL Brooke Lane 1st lot on left - corner lot

SUBDIVISION Pinnacle Shores BLOCK / SECTION 4 LOT 1 LOT AREA .707Ac SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 2/02/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity 25% Red. w/ Innovative
Repair System Description: Gravel Pinnacle Block
Maintenance Agreement Required: ☐ Yes ☑ No

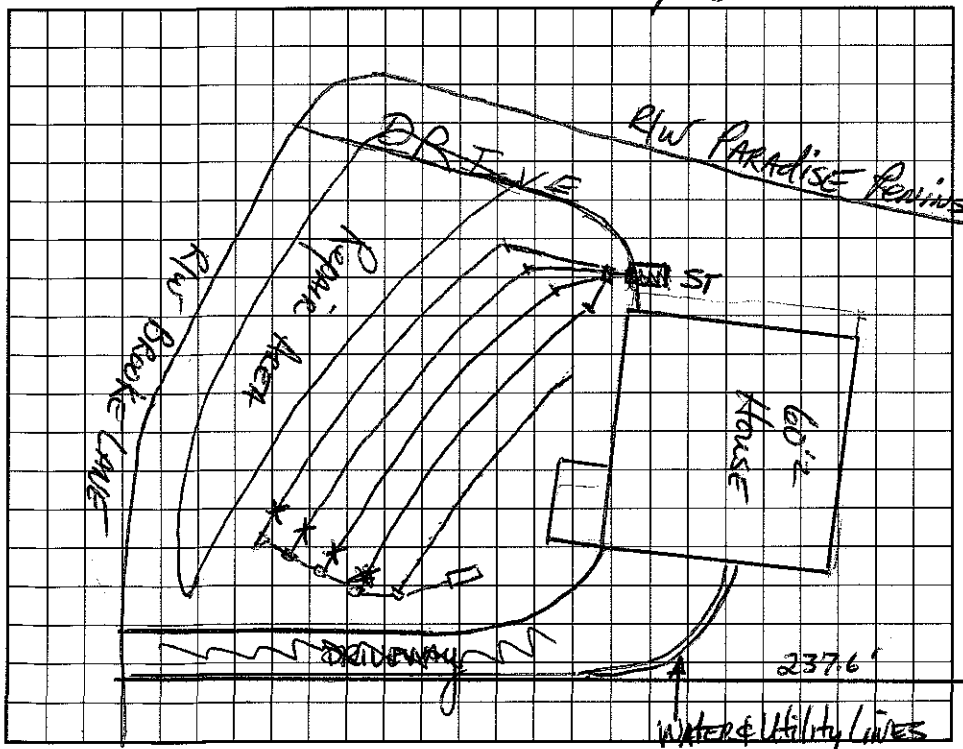
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

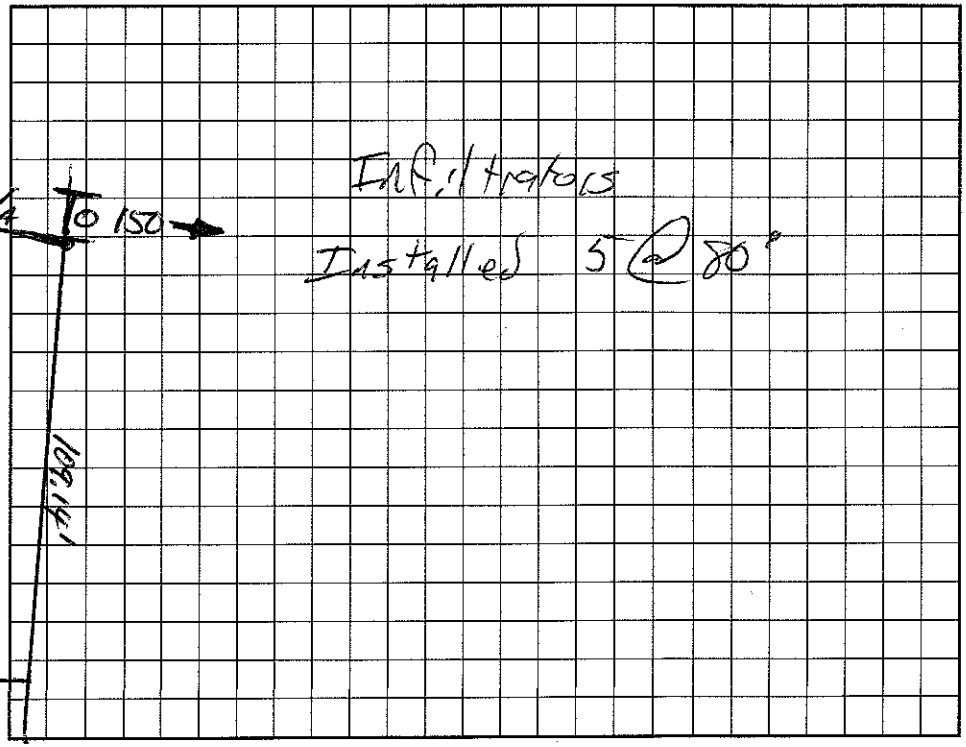
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL.

Comments:/Conditions:
DRIVEWAY and Septic tank to switch sides - GM 10/10/02

INITIAL SITE SKETCH 1"=50'



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 12/18/98
Improvement Permit by: _____, RS date 12-14-98
Authorization to Construct by: _____, RS date 8/10/01

Installed by: Rowan Septic
Operation Permit by: _____, RS date 3/26/03
Existing System Inspection by: _____ date _____

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