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. 22065 88878 DATE Dec 29, '95 TAX MAP NO. part of 2NA20 4628 43 7192 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc Ron Plantan PHONE: Business _____ Home WS4CA

ADDRESS PO Box 1073, Charlotte 193 Plantation Dr,

LOCATION 150' W TR Pinnacle Shores Dr. – Sewer easement on left just before Plantation DR – lot at end of Plantation Dr.

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 73, 73A LOT AREA _____ SITE CLASS. PS per 1996 DESIGN FLOW 480 gpd L.T.A.R. 0.3

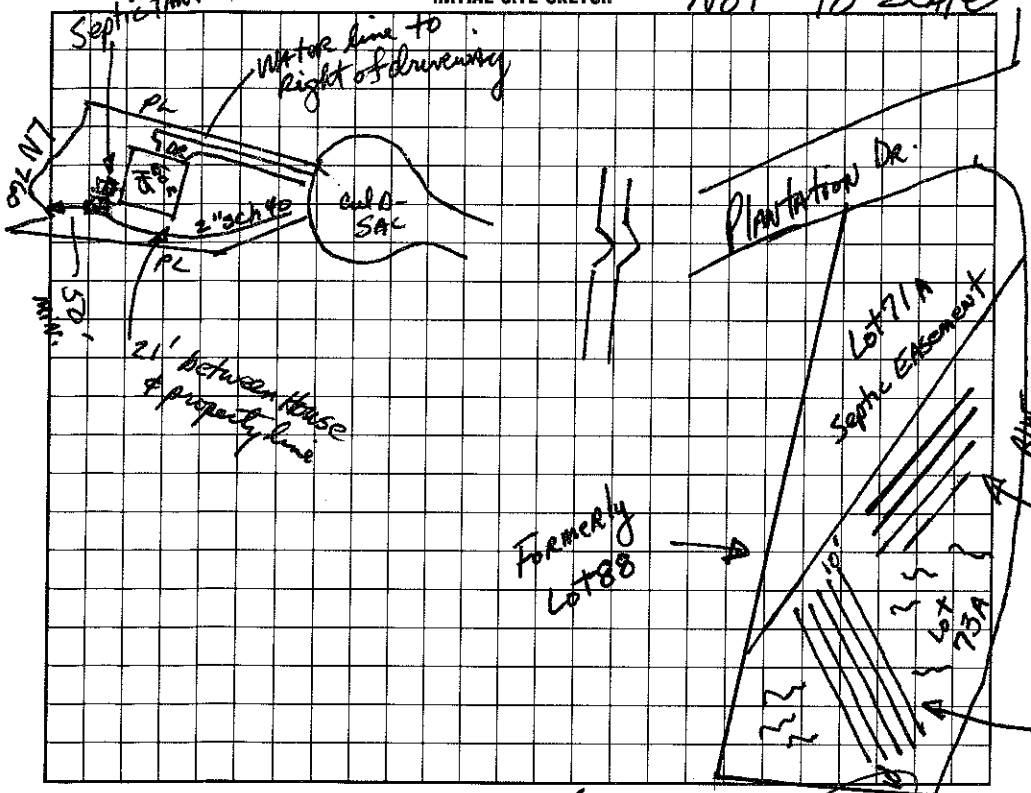
Septic Tank: 1050 Gallons; STB 794 Date 8/27/01	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 4	Water Supply: ☐ Individual
Pump Tank: 1000 Gallons; PT 183 Date 9/12/01	System Description: PM – Infiltrator	☐ Mobile Home No. Bathrooms 4	☑ Community
Pump Make: Hydromatic Model SHEF-150A Serial No. 9/01	Repair System Description: LPPPBPS	☐ Business No. Employees ____	☐ Public
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet ~~480~~	Maintenance Agreement Required: ☐ Yes ☑ No initially	☐ Other ____	
No. Lines 5@80 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA	☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing		

Comments:

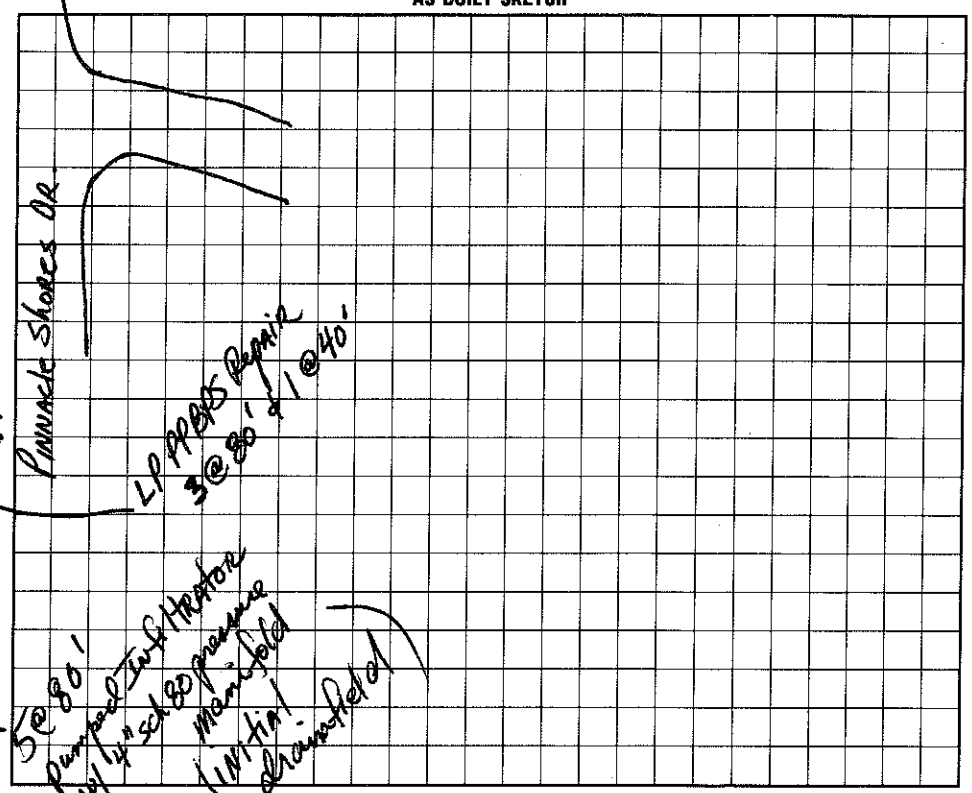
Comments: 4/19/02 – Surface water problems around tanks. Spoke w/ Mr. Plantan about piping to route water around tanks.

INITIAL SITE SKETCH

Not to Scale



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 12-29-95

Authority to Construct by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 3/30/00

Installed by: MacLeod Const. Co.

Certificate of Completion by: Wesley Sparks RS. date 4/18/02

Operation Permit by: _____ date _____

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