4628-51-5331

IREDELL COUNTY HEALTH DEPARTMENT

Auth to Construct STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 22074 DATE Feb 16, '96 TAX MAP NO. part of 2444-20 Watershed: ☒ Yes ☐ No

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

ADDRESS PO Box 1003 Charlotte

LOCATION I-77 W to IR Pinnacle Shores Dr. TL Old Timber Cv. 1st on left

SUBDIVISION Pinnacle Shores BLOCK / SECTION _____ LOT 101,99,89 LOT AREA _____ SITE CLASS. Bpn.136 DESIGN FLOW 150 gpd L.T.A.R. .3

Septic Tank: 3000 Gallons; STB _____ Date _____

Pump Tank: 3000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 2 Square Feet 3750 Linear Feet 1250

No Lines 12 (6+6) Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth NA

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

System Description: pumped Infil Horizon Chamber

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other Pool Amenity AREA

Water Supply:
☐ Individual
☑ ~~Community~~
☐ Public

Comments: 24" max trench bottom depth. Use sand or soil type I - III to fill alongside Chambered slits. Tri-party Agreement required prior to issuance of Operation Permit. System designer (TCT) to provide written certification

Comments: that the final installation meets the specifications of his plans. "As built" plan to be provided to this Department if installation varies from submitted plan.

INITIAL SITE SKETCH

SEE plan by Toney Jacobs

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: ~~X~~ [signature]

Improvement Permit by: Harold R Hinson, RS date 2-16-96

~~Existing System Inspection by:~~ Authorization to Construct R Hinson, RS date 2-16-96

Installed by: Don Howe

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 11/7/96

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