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. 22069 DATE Dec 21, '95 (HESTER) TAX MAP NO. part of 2M A20 4628-52-7397 Watershed: ☑ Yes ☐ No

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

ADDRESS PO Box 1003 Charlotte

LOCATION 150 W SR Pinnacle Shores Dr. The Plantation Dr. on left

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 83 LOT AREA ≥ 20,000 ft² SITE CLASS. PS on 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/1/95

Pump Tank: 1000 Gallons; PT 283 Date 12/21/95

Pump Make: Hydromatic Model SK5e-A1 Serial No. 8100

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 267

No Lines 4 5 6 Trench Width (24") 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

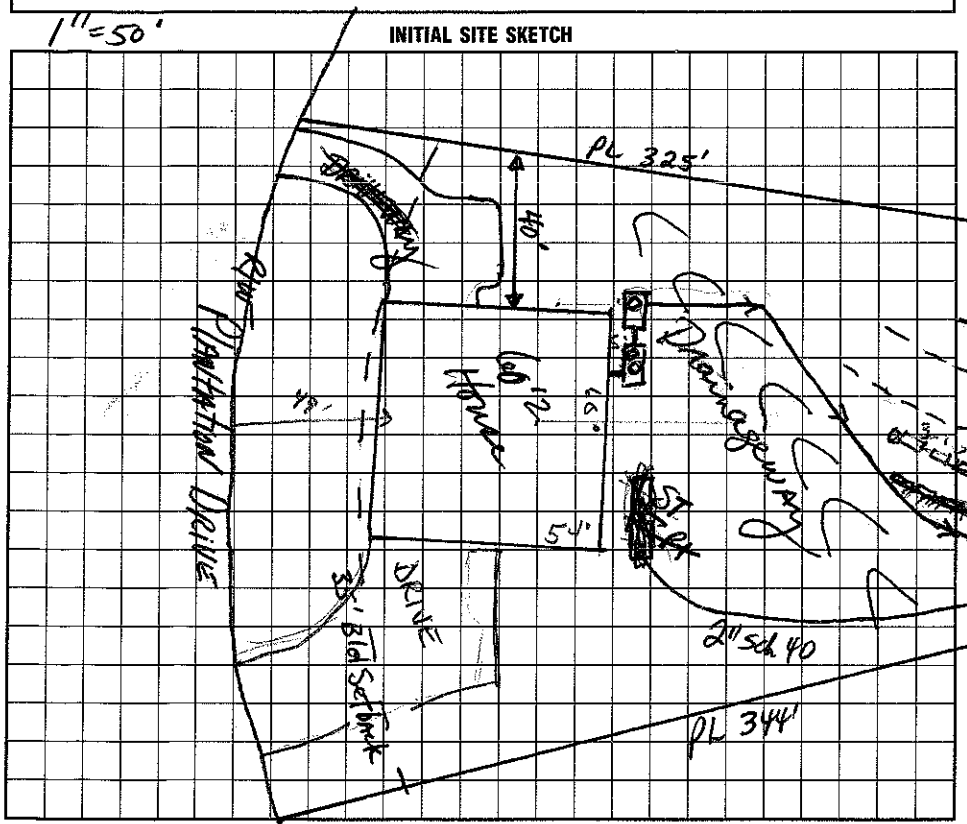
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: 148 Gallons/Dose 5" Drawdown
62 Panels installed

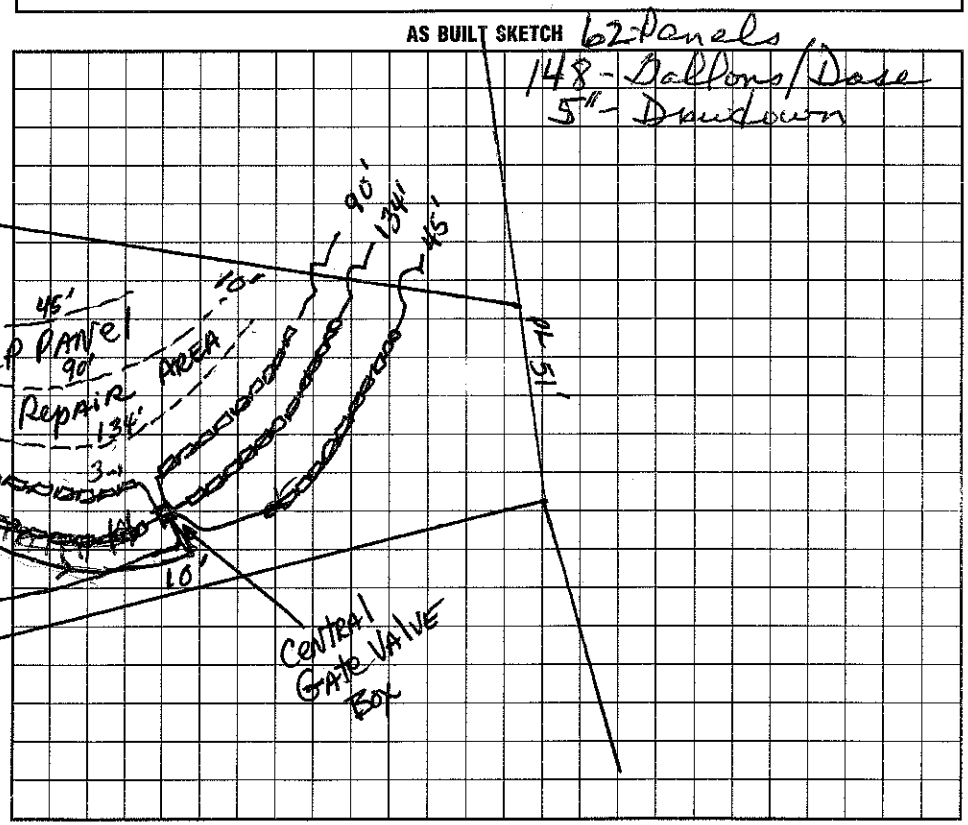
Comments: 7/7/00 Tank location changed - OK'D.
Drainfield to be 36" wide trenches - AWS.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH 62-Panels
148-Gallons/Dose
5"-Drawdown



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: [signature] CPSS Agent

Improvement Permit by: Dave Hinson RS date 12-21-95

Existing System Inspection by: Wesley Sparks RS date 7/7/00

Installed by: Larron Bowtom

Certificate of Completion by: Wesley Sparks RS date 2/1/01

Operation Permit by: _____ date _____

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