IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086155 PIN# ~~4639734457 (pt)~~ 4629 53 9261 DATE Jan 6, 2000

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

ADDRESS P.O. Box 1003 Charlotte

LOCATION State Park Rd. TL Morrison Farm Rd. TR April Road TL Windwood Cove on Right

SUBDIVISION Hawkes Bay BLOCK / SECTION _____ LOT 39 LOT AREA 69888 ft² SITE CLASS. FS DESIGN FLOW ~~440 gpd~~ 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1000 Date 4-2-02

Pump Tank: 1000 Gallons; PT 774 Date 3-29-02

Pump Make: LITTLE GIANT Model 14EH-ON Serial No. 514420

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~540~~ 400

No Lines ~~4 @ 100'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PM- CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms ~~3~~ 4

☐ Mobile Home No. Bathrooms ~~3~~ 4

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

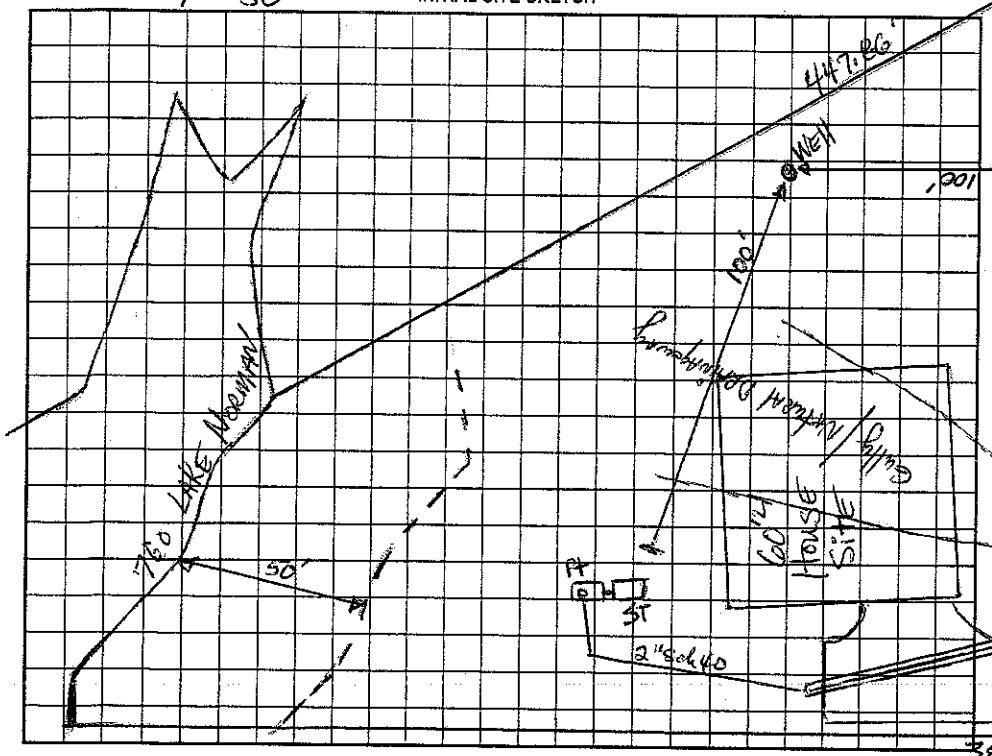
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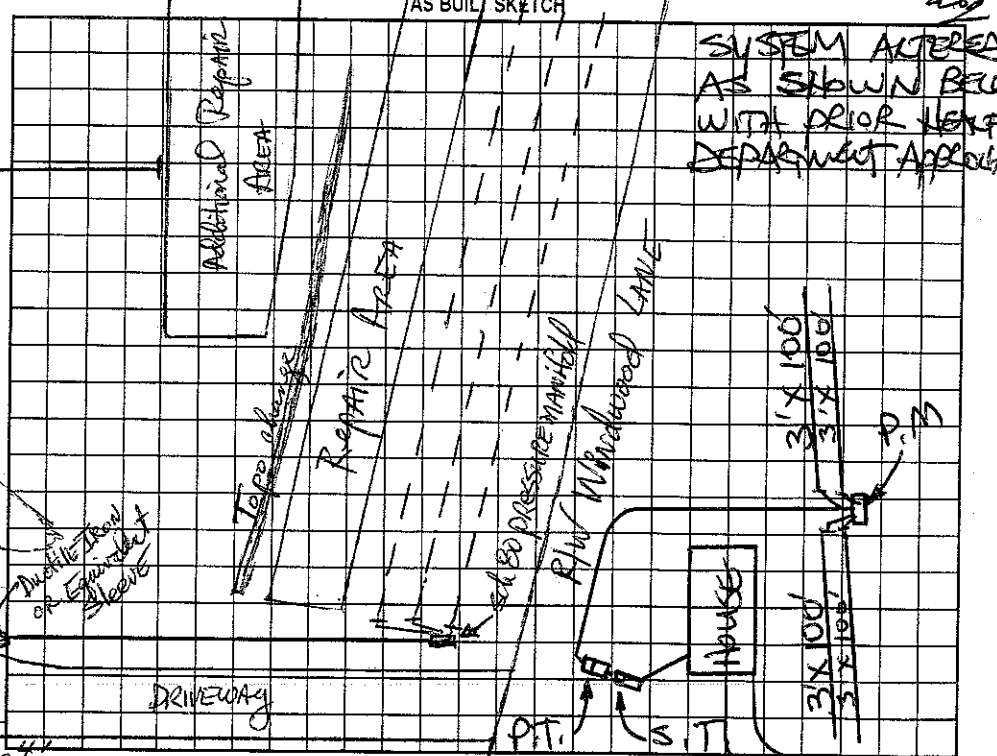
Okay for 3 Bedroom
Total 400 ft
3 @ 134 ft. per Hd
Approved 3/22/02
mg

SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPARTMENT APPROVAL

1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH



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 1-14-00 Installed by: C & W GRADING

Improvement Permit by: David R. Hinson, RS date Jan 6, 2000 Operation Permit by: STEVE HENDRICK date 8-9-04

Authorization to Construct by: William D. Johnson date 3/22/02 Existing System Inspection by: _____ date _____

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