IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086068 PIN# 4639734457 (pt) DATE Dec 20, '99

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 Rd. TR Hawkes Pt Rd SFE 13A on Right; lot 13 At end

SUBDIVISION Hawkes Bay BLOCK / SECTION _____ LOT 13, 13A LOT AREA 33,147 + 28,135 ft² SITE CLASS PS SFE DESIGN FLOW 460 gpd L.T.A.R. .3 on SFE 13A

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 2m- Innovative-25 for 1 on SFE 13A

Repair System Description: LP Tank | Block on SFE 13A

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

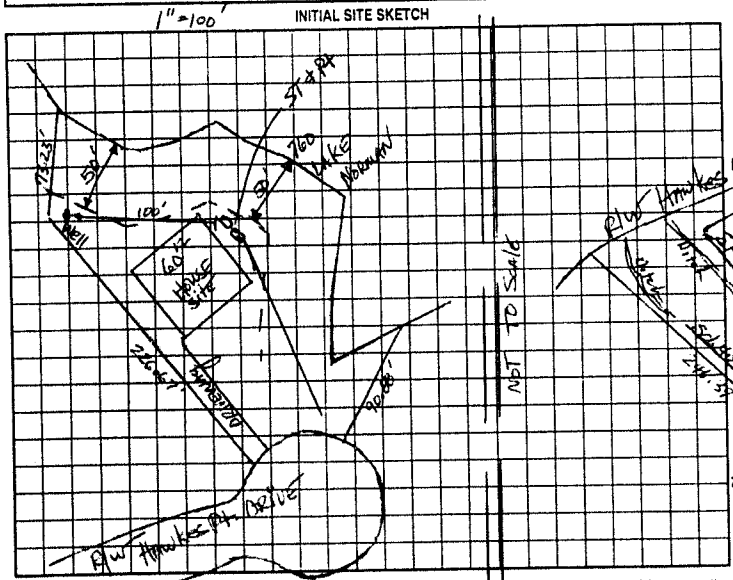
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

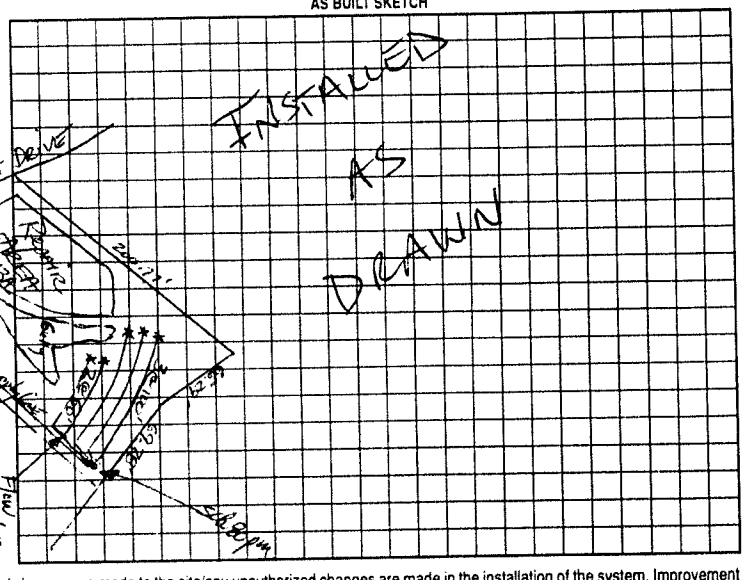
Comments:/Conditions: * ONE INSPECTION port PER LATERAL.
60' X 60'

Comments:/Conditions: Building plans approved 7/3/2000 MS
- Width of House - 64' 3BR E/S/O/Dining Only 1 bath in 3rd 300 ft of line.

INITIAL SITE SKETCH 1" = 100'



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 12-21-99 Installed by: WAYNE CLONTZ

Improvement Permit by: _____ date 12-20-99 Operation Permit by: _____ date 3/7/01

Authorization to Construct by: _____ RS date 7/3/2000 Existing System Inspection by: _____ date _____

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