IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

16631

2G-23-B-15

OWNER OR CONTRACTOR Crescent Resources, Inc. DATE 3-18-93 PERMIT NO. 2F-B10

PHONE: Business _____ Home 663-6905 (~~Toney C.~~ Jacobs)

LOCATION on west side of Isle of Pines road, approximately 1.2 mi. south of Brawley School road

S.R. No. 1113

SUBDIVISION NAME North Shore phase II LOT NO. 15 SECTION OR BLOCK NO. _____

House ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☒ No ☐

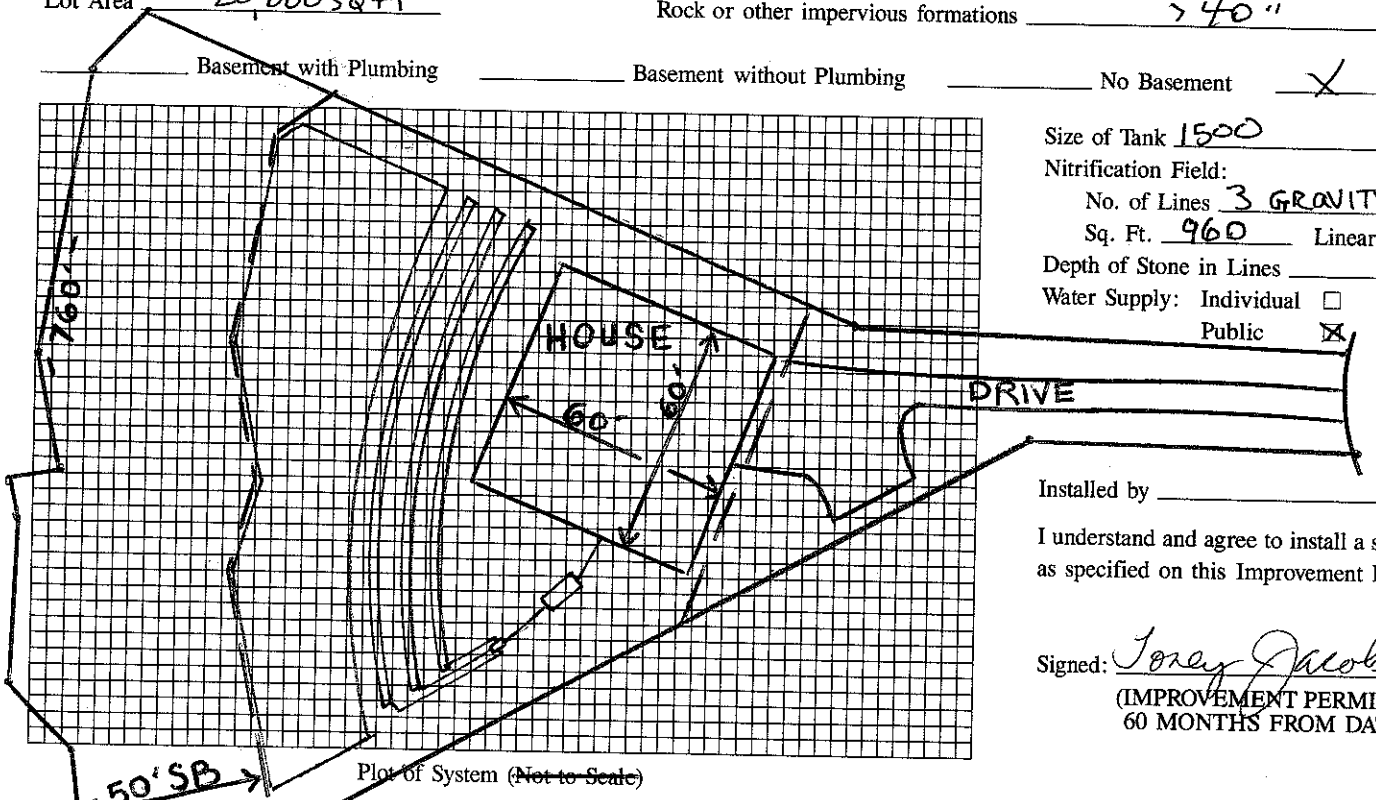
Auto. Dishwasher Yes ☒ No ☐

Auto. Wash. Machine Yes ☒ No ☐

Lot Area ~20,000 SQ FT

Soil Characteristics	c/si c. wk, med sbk. mfi	PS
Application Rate	D 40" LTAR	0.25
Topography	<15% S >15%	PS
Depth to Water Table	>48"	S
Rock or other impervious formations	>40"	S

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement X Crawl Space



Plot of System (~~Not to Scale~~)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3 GRAVITY PPBPS

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☒

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Toney Jacobs (PSS)

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Andrea Lemon, RS

COMMENTS DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. MAINTAIN 10' SETBACK TO FILLED TRENCH along ~~E~~EAST SIDE PL, IF APPLICABLE.

STB 794 Dellinger (1000) 8-17-93

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold