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. 25325 DATE 1/17/97 TAX MAP NO. 26-23-13-51 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business 663-6905 - T. JACOBS Home

ADDRESS 400 S TRYON ST. CHARLOTTE NC 28205 4636-11-6658 200 Cove Creek

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES TR COVE CREEK - 2nd ON RT AFTER MUSSEL CT.

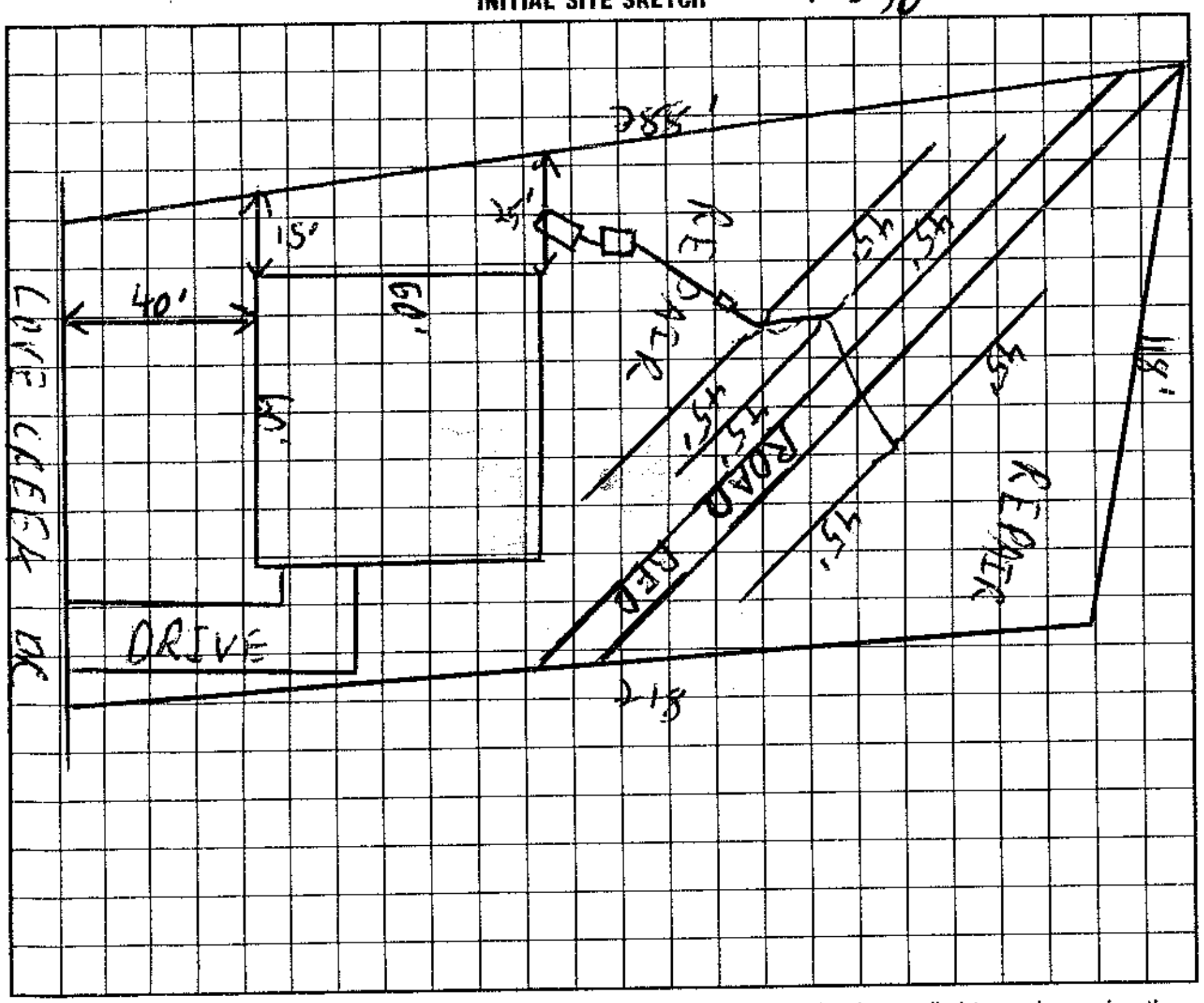
SUBDIVISION NORTH SHORE BLOCK / SECTION LOT 61 LOT AREA — SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 5/3/98 Pump Tank: 1000 Gallons; PT 27 Date 8/16/98 Pump Make: HYDROMATIC Model SK50 Serial No. N/A Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270 No Lines 6 @ 45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A	☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI System Description: PUMP PANEL Repair System Description: SAME Maintenance Agreement Required: ☑ Yes ☐ No ☐ 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 ☑ Community ☐ Public

Comments: STAY OUT OF OLD ROAD BED WITH INITIAL SYSTEM.

Comments:

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Torey C Jacobs (PSS) 1-22-96

Improvement Permit by: C. [signature] EHS-F date 1/17/96

Existing System Inspection by: C. [signature] date 1/7/98

Installed by: CURT DUNNING

Certificate of Completion by: date

Operation Permit by: C. [signature] RS date 9/24/98

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. 25325 DATE 1/17/97 TAX MAP NO. 26-22 B 51 4636 11 6658 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business 663-6905 - T. JACOBS Home

ADDRESS 400 S TRYON ST CHARLOTTE NC 28205

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES - TR COVE CREEK - 2ND ON RT AFTER MUSSEL CR

SUBDIVISION NORTH SHORE BLOCK / SECTION 3 LOT 61 LOT AREA — SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 5/5/96
Pump Tank: 1000 Gallons; PT 27 Date 5/16/96
Pump Make: HYDROMATIC Model SK50 Serial No. N/A
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 6 @ 45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: PUMP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

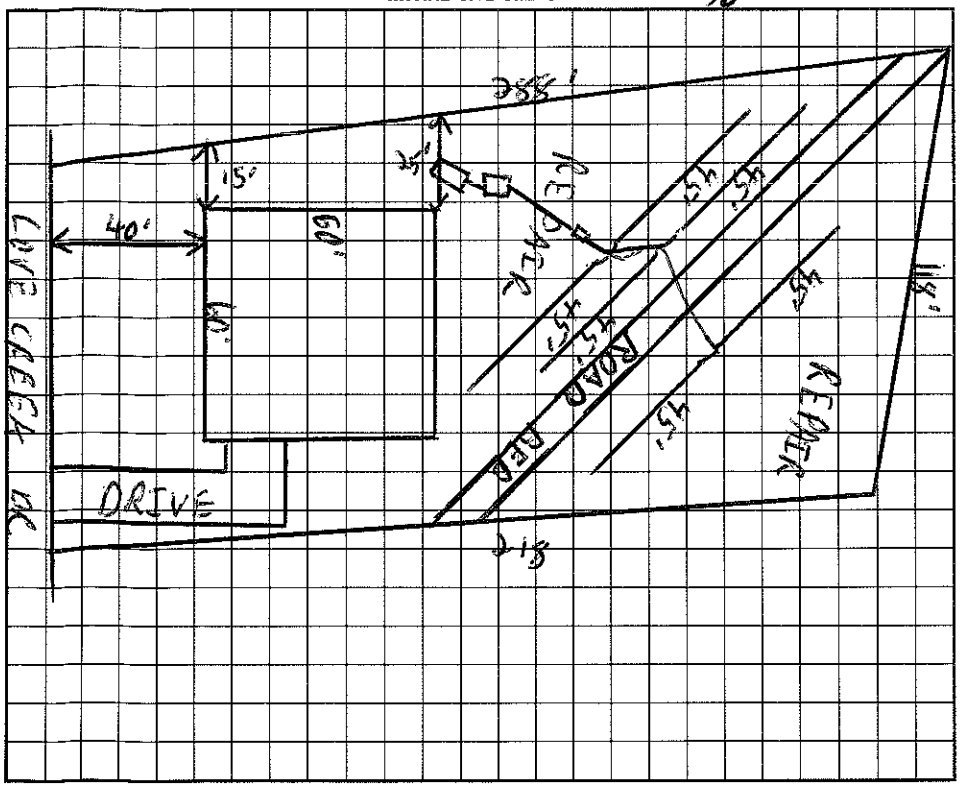
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees —
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments: STAY OUT OF OLD ROAD BED WITH INITIAL SYSTEM.

Comments:

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit is valid for 60 months from date of issuance.

Signed: [signature] 1-22-96 Installed by: CURT DUNNING

Improvement Permit by: [signature] EHS-P date 1/17/96 Certificate of Completion by: — date —

Existing System Inspection by: [signature] date 1/4/98 Operation Permit by: [signature] ES date 9/24/97

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