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. 064117 115023 DATE 8/26/97 TAX MAP NO. 4638 42 4687 Ptof Watershed: ☑ Yes ☐ No

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

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION PERTH RD - TL NORMANDY LN - CORNER OF NORMANDY AND MCNARON

SUBDIVISION CL & T BLOCK / SECTION LOT 110A LOT AREA 1.019AC SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2/3/04

Pump Tank: 1000 Gallons; PT 17 Date 4/11/04

Pump Make: Gould's Model WE05 II HH Serial No.

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBERED OR HOS

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

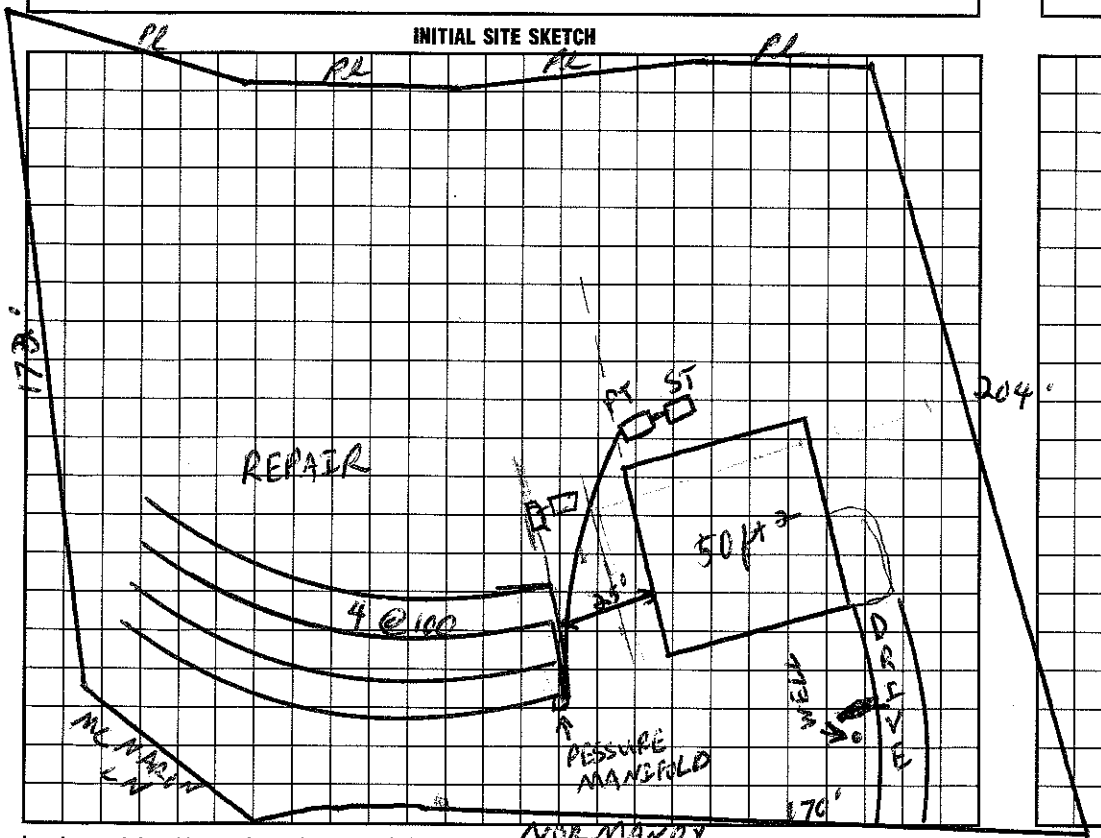
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

1"=50'

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrators Installed

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: Agent 9/2/97

Improvement Permit by: date 8/26/97

Existing System Inspection by: date 8/5/03

Installed by: C & S Grading

Certificate of Completion by: date 2/13/04

Operation Permit by: date

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