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. 18868 DATE Dec 3 '94 TAX MAP NO. 25A51 4639-03-7674 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc (ABJ) PHONE: Business _____ Home _____ WSIV

ADDRESS PO Box 1003 Charlotte

LOCATION Ferry Hill Road TR Bullfinch on Right before Cul D Sac

SUBDIVISION Beacon Pointe BLOCK / SECTION 1 LOT 11 LOT AREA 1.35 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 317 Date 2/28/00

Pump Tank: 1000 Gallons; PT 27 Date 4/13/00

Pump Make: Ballo Model WE05111 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24-30" Gravel Depth 12"

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

System Description: pump to CONV trenches

Repair System Description: SAME OR LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No initial Sys

☑ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

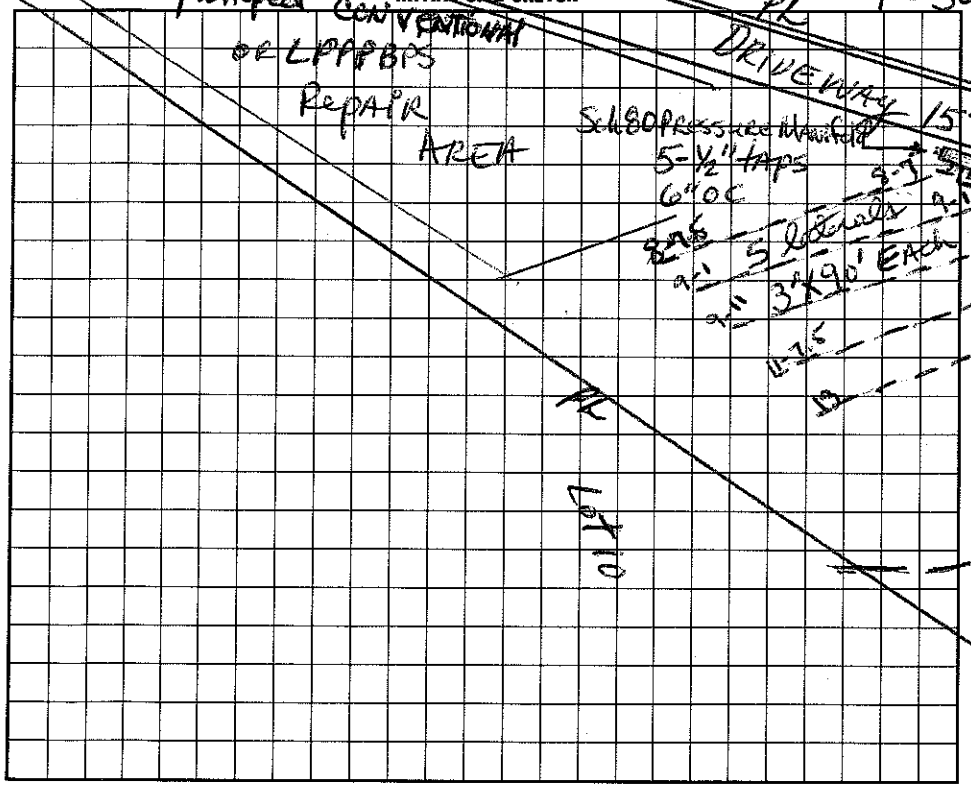
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

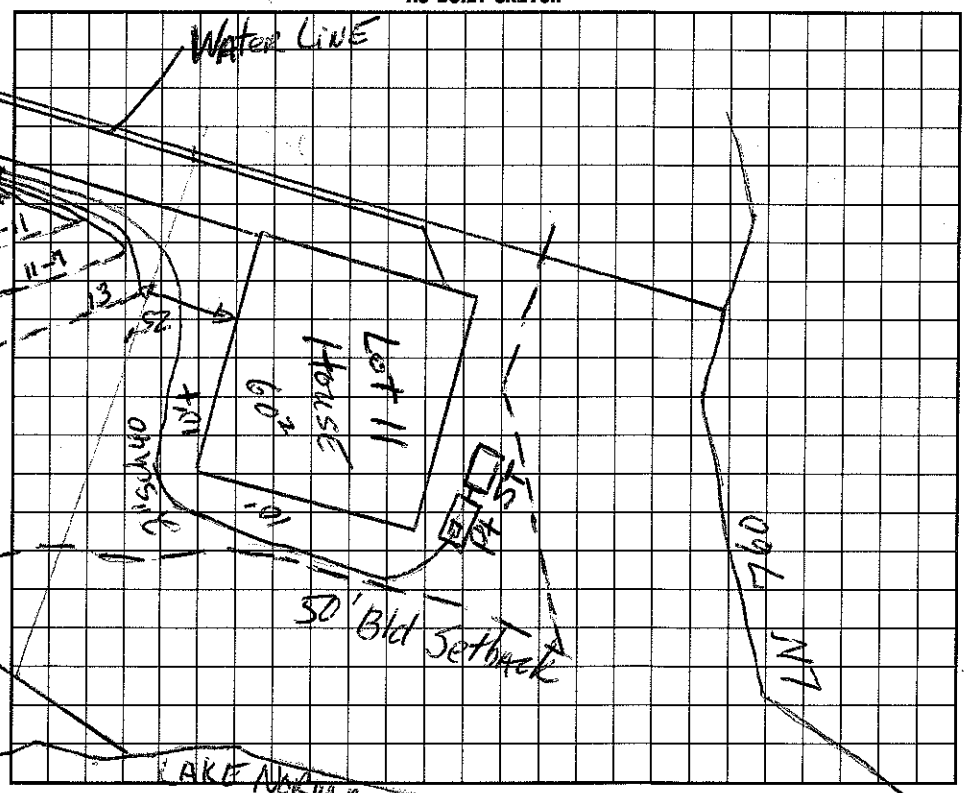
Comments: Initials to follow contour and to be kept shallow. Details on pressure manifold to be obtained prior to any system construction.

Comments: DEVELOPER PERMIT

INITIAL SITE SKETCH



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: _____ 12/5/94

Improvement Permit by: _____ date 12/3/94

Existing System Inspection by: _____ date 9/16/98

Authorization to Construct

Installed by: FJ Erwin

Certificate of Completion by: _____ RSJ date 8/24/00

Operation Permit by: _____ date _____

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

