IREDELL COUNTY HEALTH DEPARTMENT

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

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

11:30

PERMIT# 078834 PIN# 4639.~~34 05 88~~ 14-9133 DATE 5/26/99

OWNER OR CONTRACTOR ~~Crescent Resources~~ / MARK HARPER PHONE: Business 664-1010 Home

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Perth Rd TL Fen Hill TR Bullfinch on Rt.

SUBDIVISION Beacon Point BLOCK / SECTION II LOT 1 LOT AREA 2.37 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 794 Date 9-23-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 at 100' ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. ~~Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

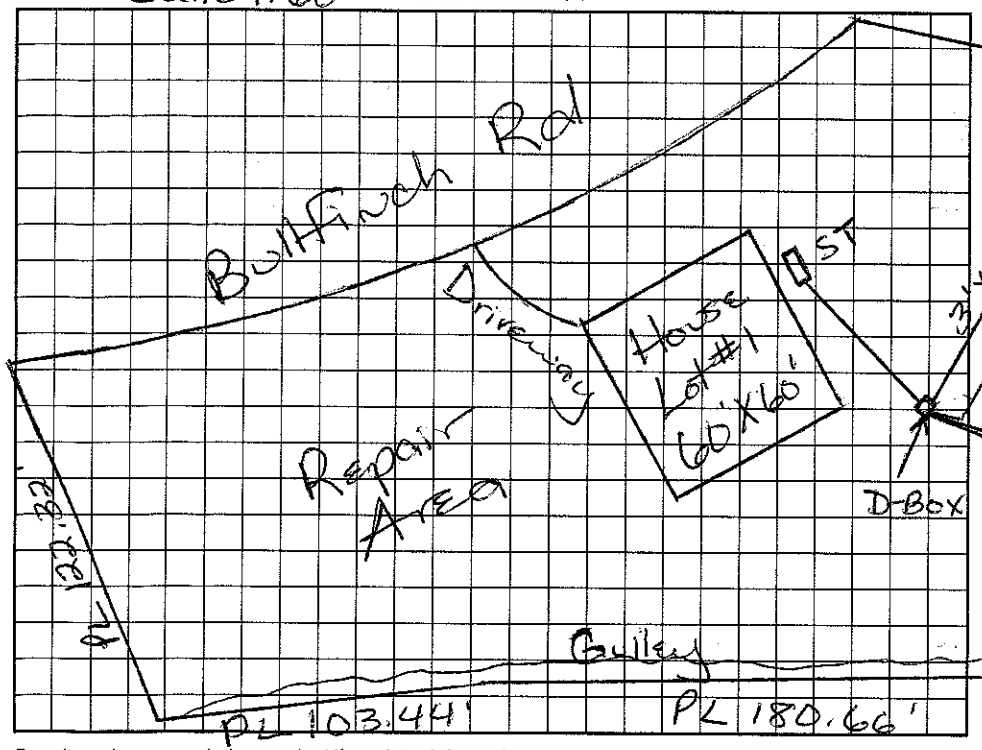
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

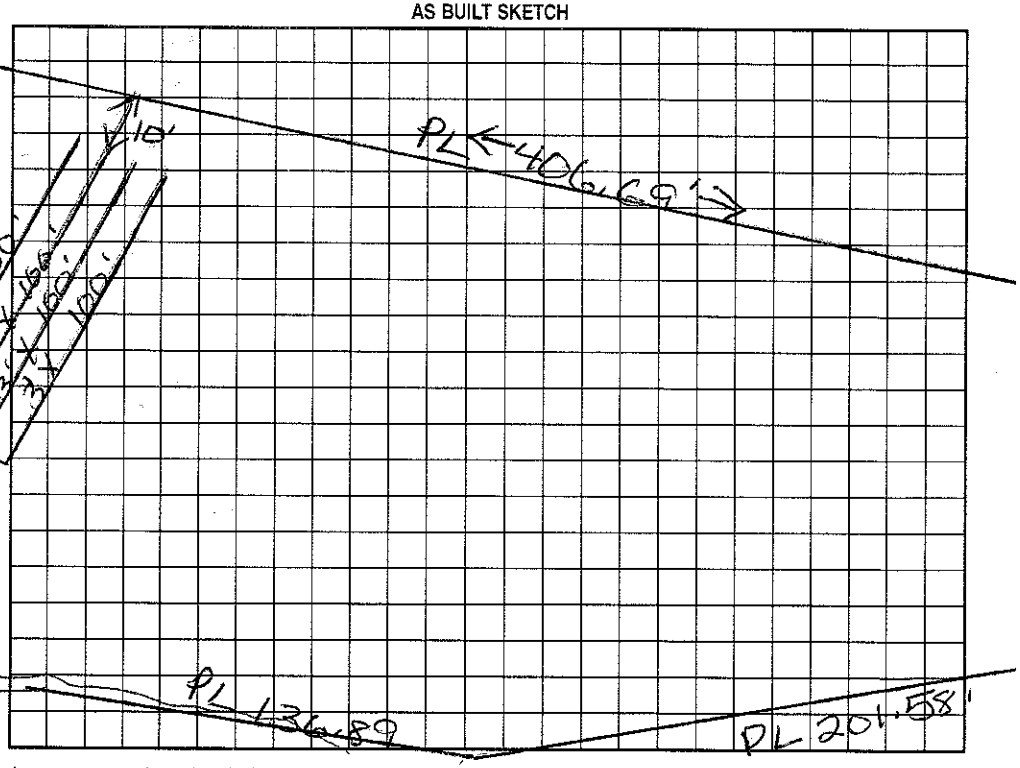
Comments/Conditions: Keep Septic System at least 10' From PL & 5' House

Comments/Conditions: Installed grey filter
Checked ST & upper 2 drainlines
Checked lower 2 lines 12/2/03

Scale 1:60 INITIAL SITE SKETCH



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: [signature] date 5-28-99

Improvement Permit by: Maria H. Dolan RS. date 5/26/99

Authorization to Construct by: Wesley Sparks RS. date 6/18/03

Installed by: BDI Enterprises

Operation Permit by: Maria H. Dolan R.S. date 12/3/03

Existing System Inspection by: ____ date ____

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