3:00

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528

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

PERMIT# 078843 PIN# 4639149715 DATE 5/13/99

OWNER OR CONTRACTOR Crescent Resources/Joe Cook PHONE: Business 6644-1010 ~~Home~~ Joe Cook 794-622 7/590-8675

ADDRESS P.O. Box-1003 Charlotte NC 28201

LOCATION Perth Rd TL Fern Hill TR Marietta ON left

SUBDIVISION Beacon Pt BLOCK / SECTION II LOT 11 LOT AREA 1.11 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 11-7-99

Pump Tank: 1000 Gallons; PE 5085T 12 4/99 Date 2-27-00

Pump Make: Myers Model 1200 Serial No. 400

Nitrification Field: No. Fields 1 Square Feet 1596' Linear Feet 532

No. Lines 7at 76' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pump to Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. ~~Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

☐ Other ___

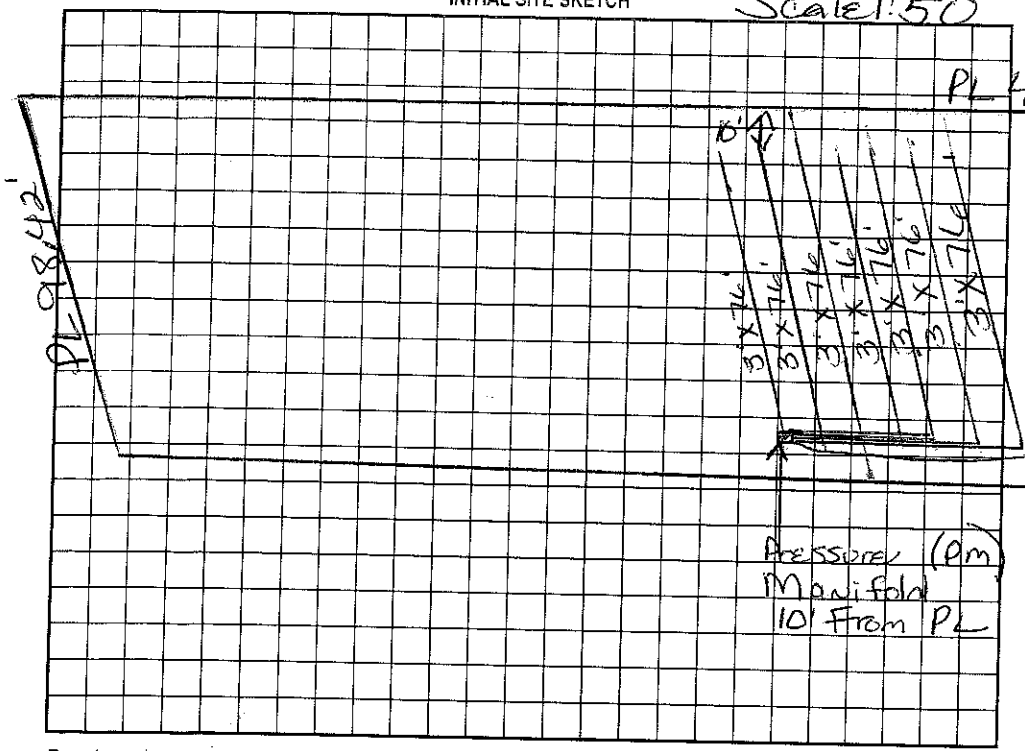
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

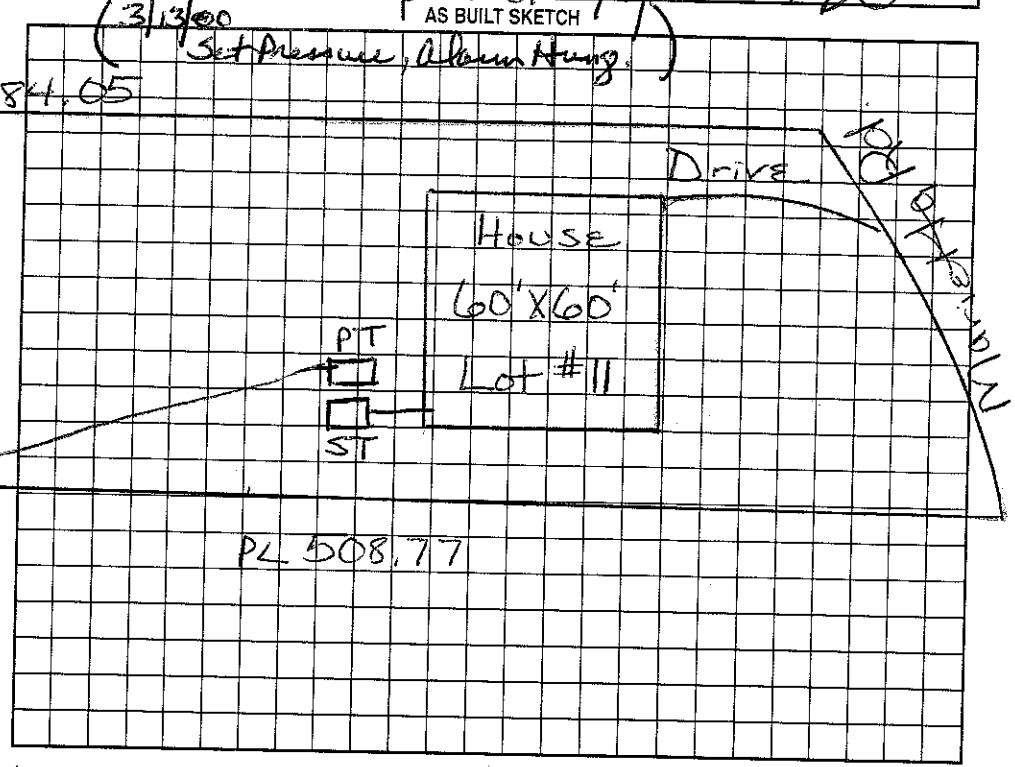
Comments/Conditions: Keep Septic System 10' From PL & 5' From House.

Comments/Conditions: ~~X~~ Note: OK to put driveway on other side of house. MD
Filter & Riser installed.
Lines & tanks inspected 3/9/2000 MD
(3/3/00 Set Pressure, Alarm Hung.)

INITIAL SITE SKETCH Scale 1:50




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 5-21-99

Improvement Permit by: Maria H. Dobson RS date 5/13/99

Authorization to Construct by: Maria H. Dobson date 6/17/99

Installed by: MacLeod

Operation Permit by: Maria H. Dobson RS date 3/23/00

Existing System Inspection by: ___ date ___

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