IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078870 PIN# 4639 25 1298 DATE 3/13/2000

OWNER OR CONTRACTOR Crescent Resources / Bill Ferdon PHONE: Business _____ Home 528-3657 (Bill)

ADDRESS P.O Box 1003 Charlotte NC 28201

LOCATION Peach Rd TR Fern Hill TR Marietta on left

SUBDIVISION Beacon Point BLOCK / SECTION II LOT 20 LOT AREA .75 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-18-00

Pump Tank: 1000 Gallons; PT 302 Date 5-13-00

Pump Make: Zoeller Model N137-2 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 5 at 60' 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-PM-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☒ Community

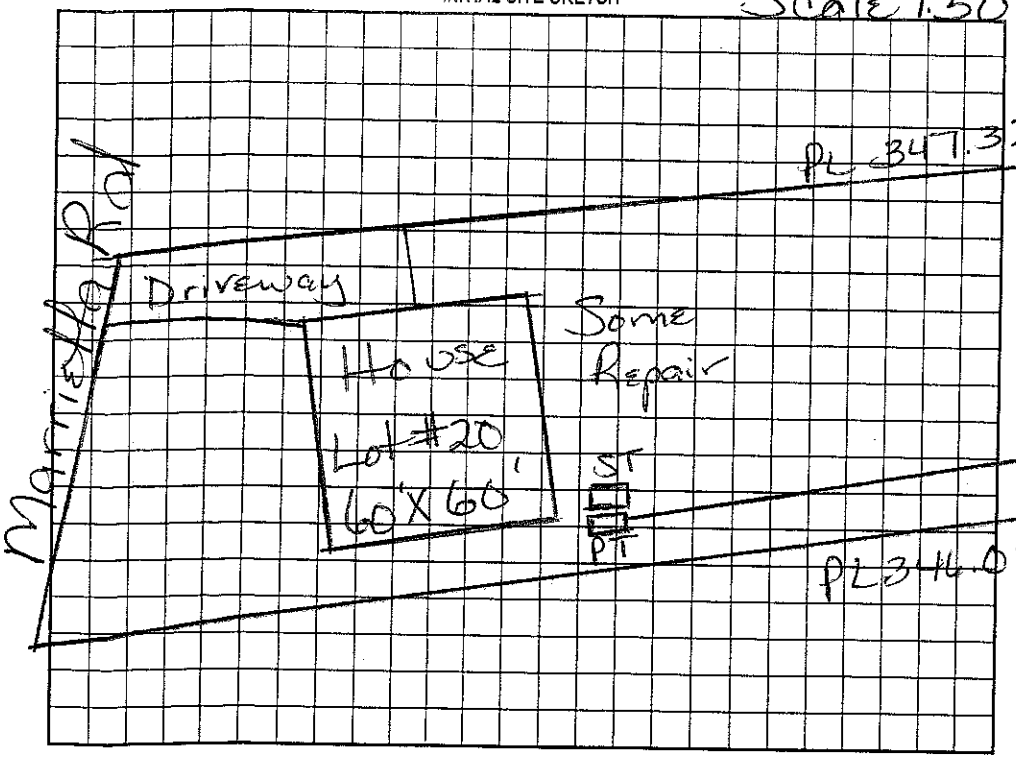
Comments/Conditions: Keep Septic System at least 10' From PL & 5' From House

Comments/Conditions: Filter Installed

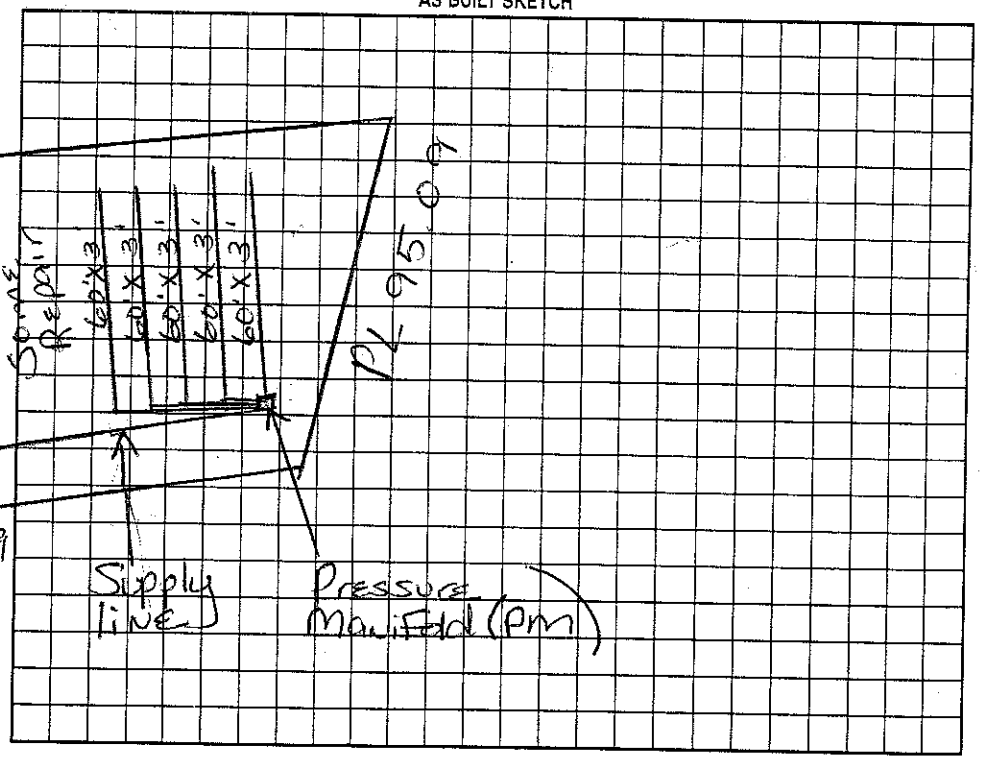
Tanks, lines & pressure tested 6/27/00 mc

9/26/00 ALARM & ELECTRICAL CHECKED

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: _____ date _____ Installed by: Rowan Septic

Improvement Permit by: Maria H Dotson date 3/15/2000 Operation Permit by: Wesley Parks o.s. date 9/26/00

Authorization to Construct by: Maria H Dotson date 3/15/2000 Existing System Inspection by: _____ date _____

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