IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~08423~~ 128257 PIN# 4639 73 6905 (lot) 4639339648 DATE Jan 24, 01

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1033 Charlotte N.C. 28201

LOCATION Perth Rd. North TL Fernhill TL Kenaway Loop on left

SUBDIVISION Willwood Cove BLOCK / SECTION _____ LOT 36 LOT AREA 76,300 sq ft SITE CLASS. IB DESIGN FLOW 440 gpd L.T.A.R. e3

Septic Tank: 1000 Gallons; STB 1012 Date 4/4/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity INNOVATIVE-25 Ref

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

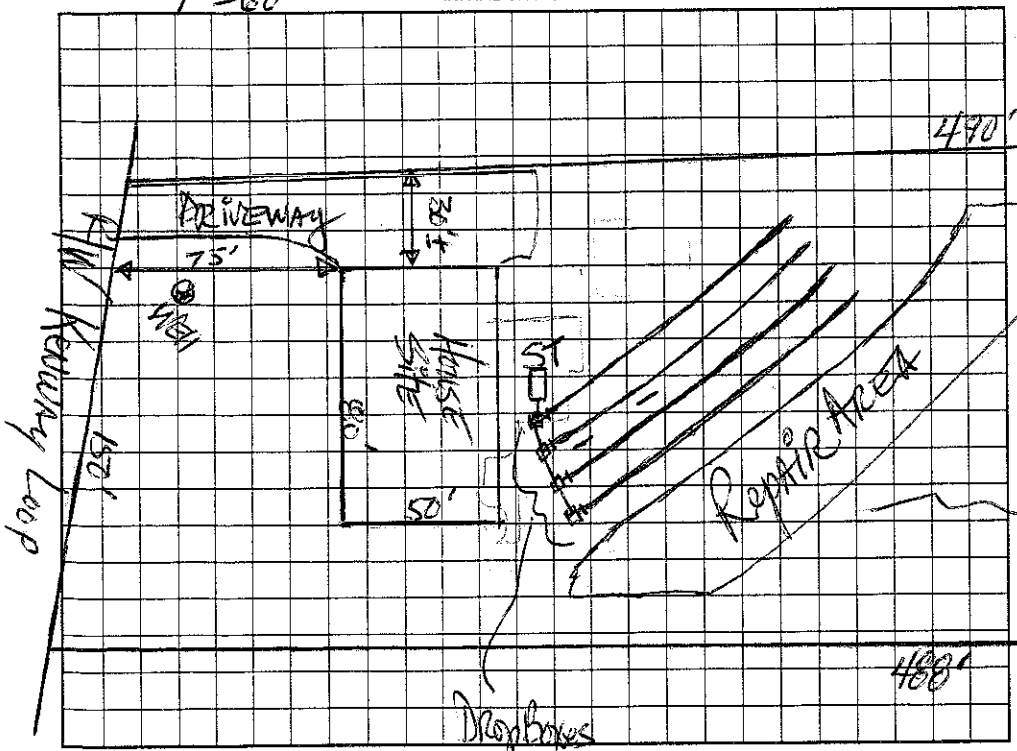
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: System will shift down the hill ≈ 15'
May have only Panel Block Repair – GM 4/19/05

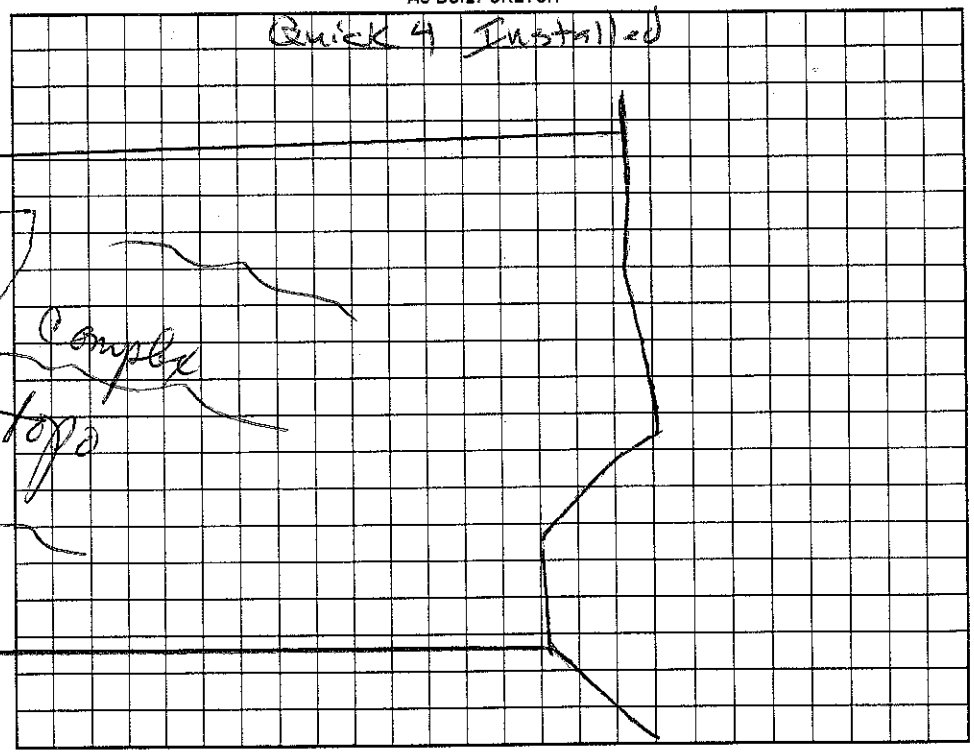
Comments:/Conditions:

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: _____ date 2-21-01 Installed by: Piedmont Backhoe

Improvement Permit by: _____ date Jan 24, 01 Operation Permit by: _____ date 9/16/05

Authorization to Construct by: _____ date 4/19/05 Existing System Inspection by: _____ date _____

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