$ 125

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092413/175159 PIN# 4639 73 4457 (pt.) DATE March 1, 01

OWNER OR CONTRACTOR Crescent Resources Llc / David Gibbs PHONE: Business _____ Home _____

ADDRESS P.O. Box 1033 Charlotte

LOCATION Perth Rd. W TL Fern Hill Rd TL Wildwood Cove on Right

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 29 LOT AREA 50,613 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1/8/05

Pump Tank: 1000 Gallons; PT 17 Date 11/21/04

Pump Make: Gould's Model WEO-512 No. J04643417

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM - Innovative - 25% Red.

Repair System Description: LPPBAS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

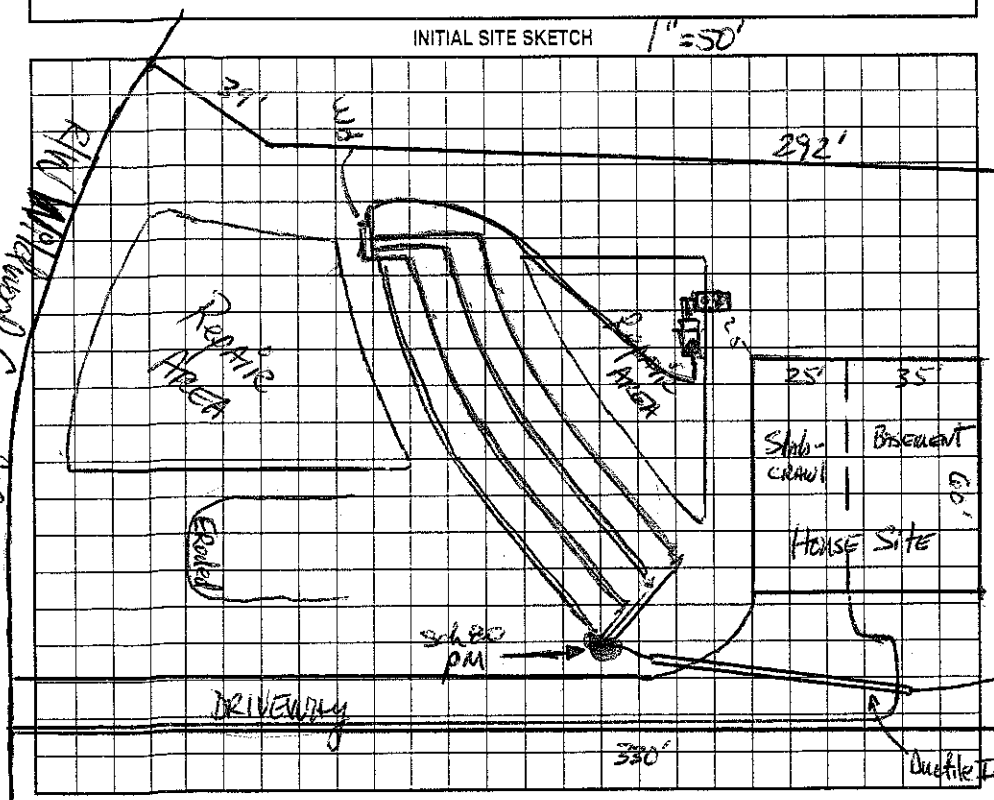
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

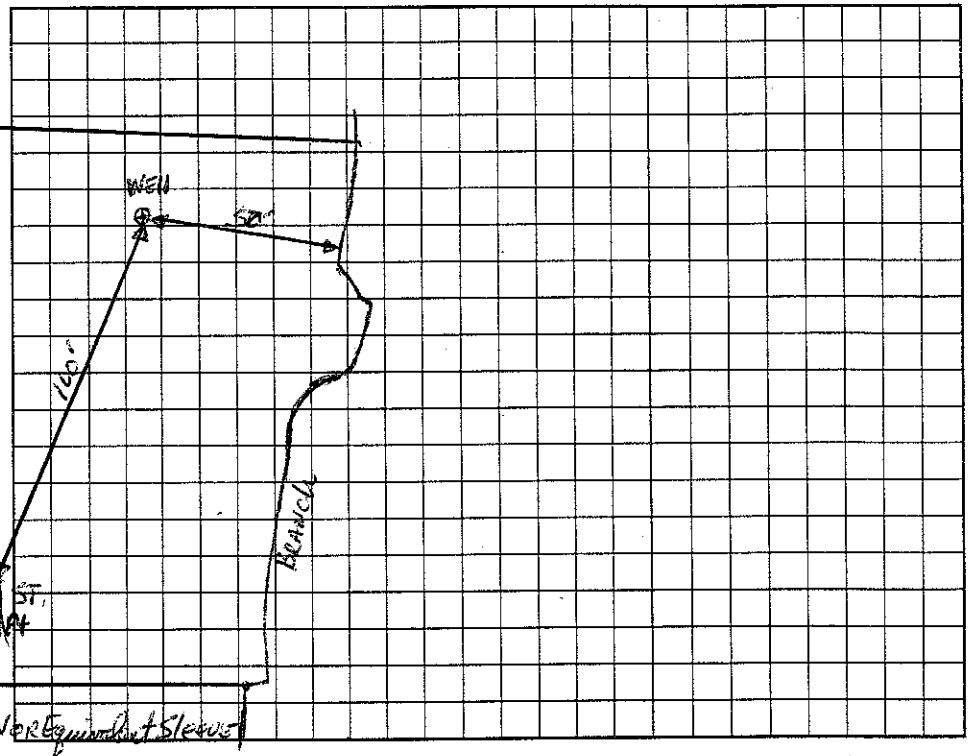
Comments:/Conditions:

Comments:/Conditions: (PARTIAL)

INITIAL SITE SKETCH 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 3-21-01 Installed by: Steve Jordan

Improvement Permit by: _____ RS date 3-1-01 Operation Permit by: _____ RS. date 4/13/05

Authorization to Construct by: _____ RS date 11/1/04 Existing System Inspection by: _____ date _____

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