$325 2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 02246 | 31509 PIN# 4639 73 6905 (lot) 4639-43-3729 DATE March 6, 01

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

ADDRESS P.O. Box 1003 Charlotte N.C. 28201

LOCATION Poplar Rd. N. TL Fern Hill Road TL Wildwood Cove Dr. on Right

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 32/32A LOT AREA _____ SITE CLASS. PS SFE DESIGN FLOW 440gpd L.T.A.R. .3 SFE 32A

Septic Tank: 1000 Gallons; STB 10/3 Date 8-16-05
Pump Tank: 1000 Gallons; PT 17 Date 11-6-05
Pump Make: Goulds Model WE0.5 12HH Serial No. L056813
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 3 Trench Width *24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: LPAPBPS on 32A
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4/4
☐ Mobile Home No. Bathrooms 4/4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

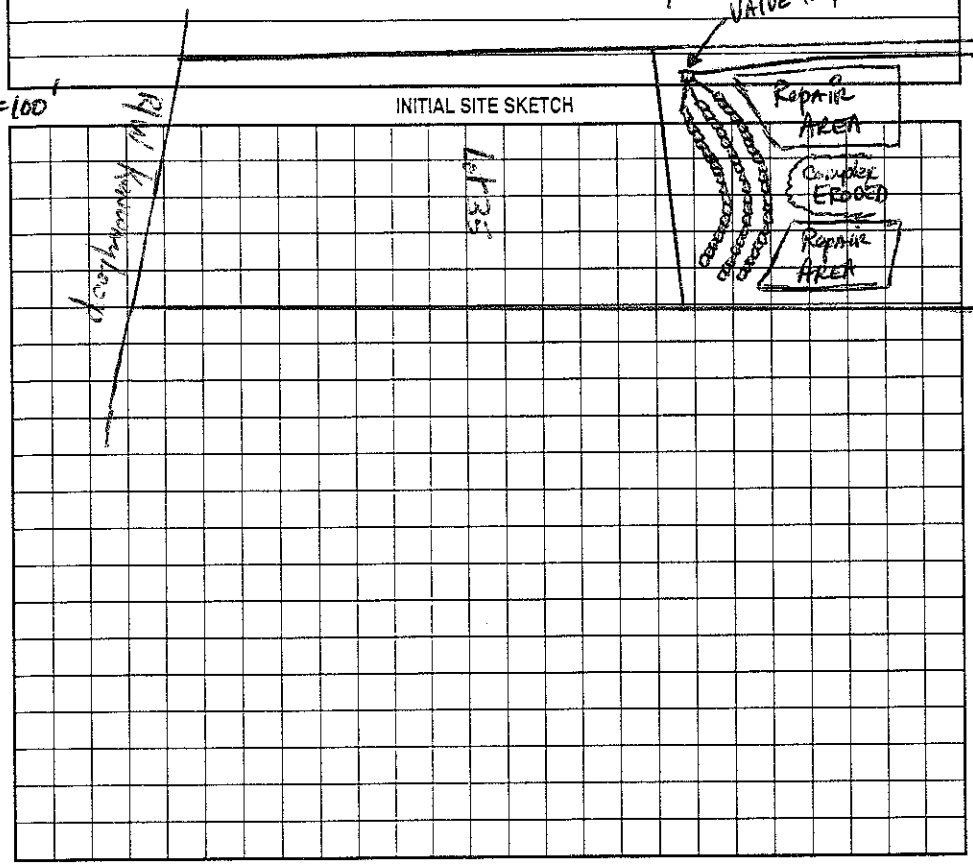
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 3' wide Trenches, 9' on center may be used.

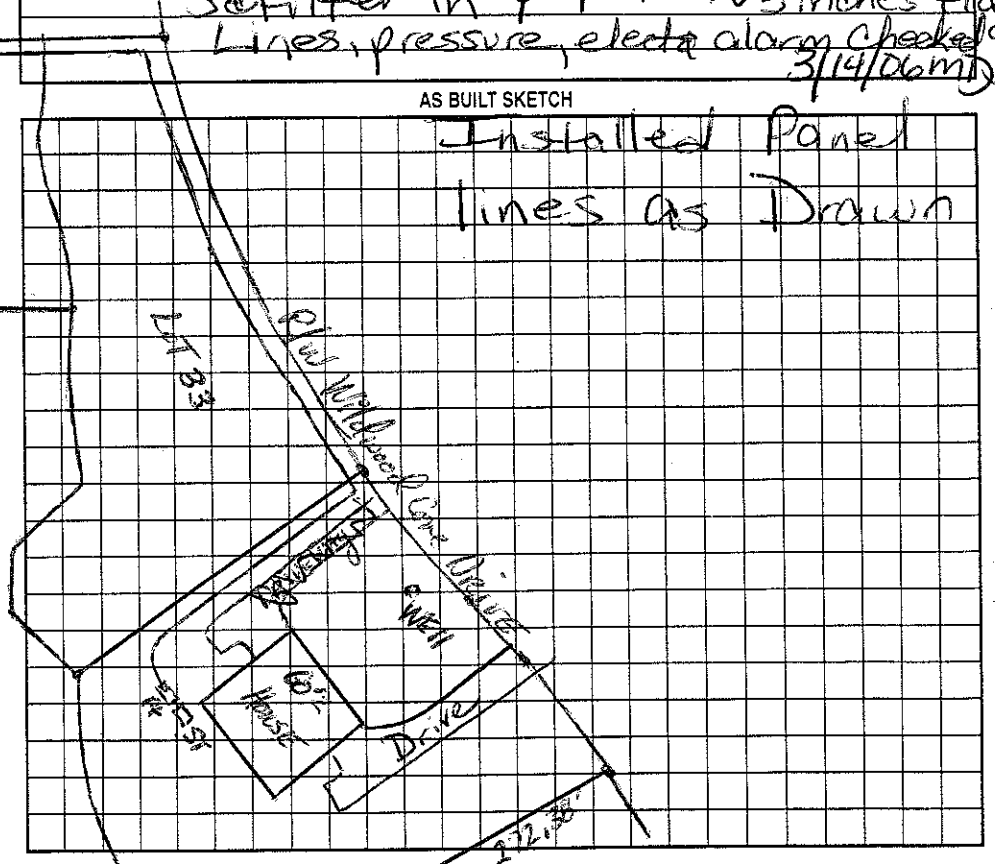
Comments:/Conditions: Tanks checked 1/20/06 MD
See Filter in PT ~5 inches float
Lines, pressure, electr alarm Checked 3/14/06 MD

1" = 100'

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 3-21-01 Installed by: Piedmont Backhoe Steve Jordan

Improvement Permit by: _____, RS date 3-14-01 Operation Permit by: _____ date 3/15/06

Authorization to Construct by: _____, RS date 9/23/05 Existing System Inspection by: _____ date _____

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