IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092430 PIN# ~~4639 93 4457 (pt)~~ 4639434123 DATE Jan 11, 01

OWNER OR CONTRACTOR Crescent Resources LLC / DAVID DOWDY PHONE: Business _____ Home _____

ADDRESS P.O. Box 1103 Charlotte 28201

LOCATION ISO W. TRYON Road (North) TL Fern Hill Rd. TL Kenway Loop on left

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 41 LOT AREA 63,310 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. ~1.3

Septic Tank: 1000 Gallons; STB 825 Date 9-28-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 8@60' 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% Red.

Repair System Description: GRAV/pumped INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

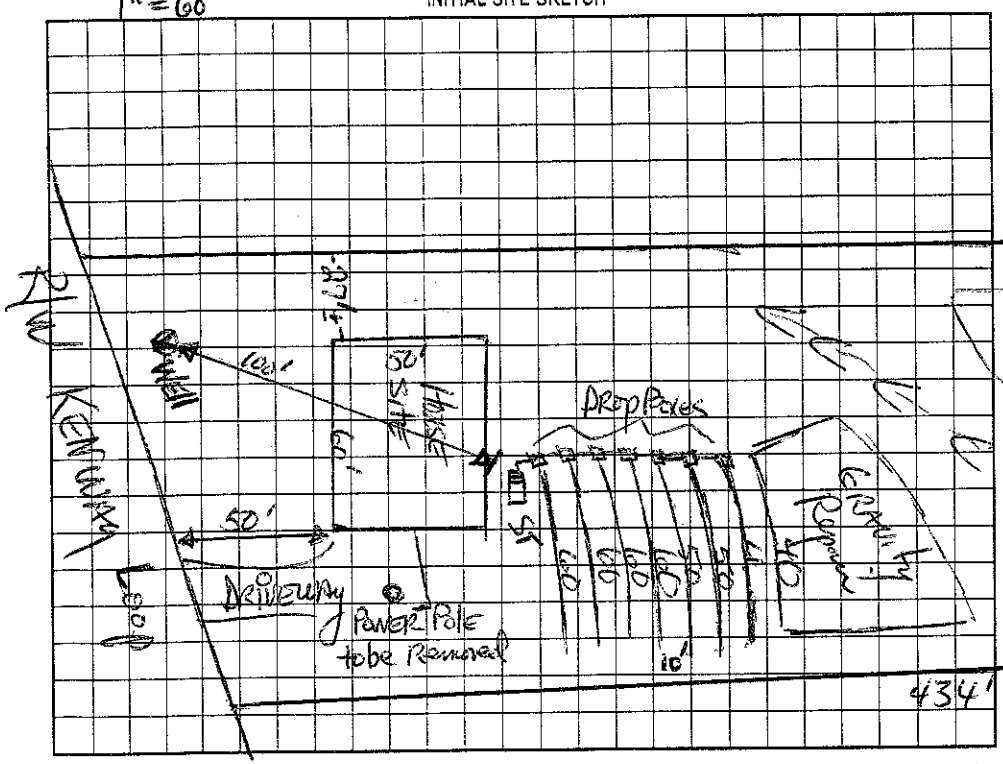
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

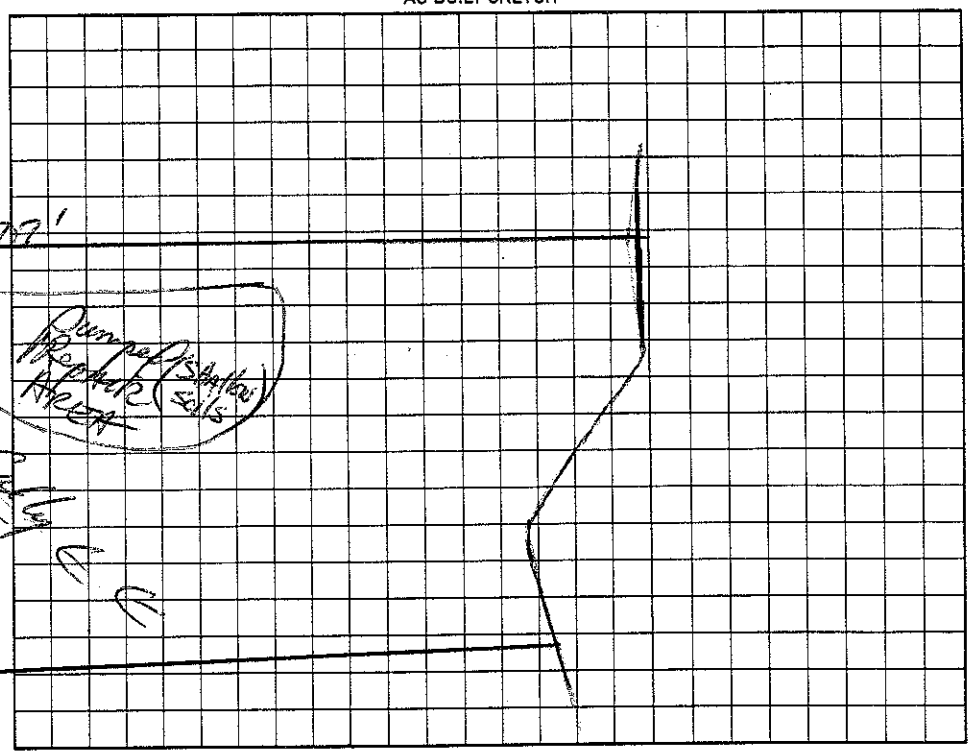
Comments:/Conditions: Installed in 8-EZ Flow lines

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 3-21-01 Installed by: Delbert Bostian RS

Improvement Permit by: _____ date 1-11-01 Operation Permit by: _____ date 12/14/04

Authorization to Construct by: Wesley Sparks RS date 9/2/04 Existing System Inspection by: _____ date _____

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