$125

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092410 PIN# 4639 73 6905 (pt.) 4639-52-0696 DATE Feb 16, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Keith Sherrill PHONE: Business _____ Home 704-927-9700

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

LOCATION Perth Rd. N. TL Fern Hill Rd. TL Wildwood Cove TR Crackey Hollow 1st lot on Right

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 25 LOT AREA 40,707 ft² SITE CLASS. IPS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 525 Date 8/15/02

Pump Tank: 1000 Gallons; PT 502 Date _____

Pump Make: Zoeller Model V163-F Serial No. 163-0002

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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

House will be closer to the Lake and turn slightly.

Comments:/Conditions: (PARTIAL)

DATE

LINES CHECKED (✓) 11/26/02

TANKS CHECKED (✓)

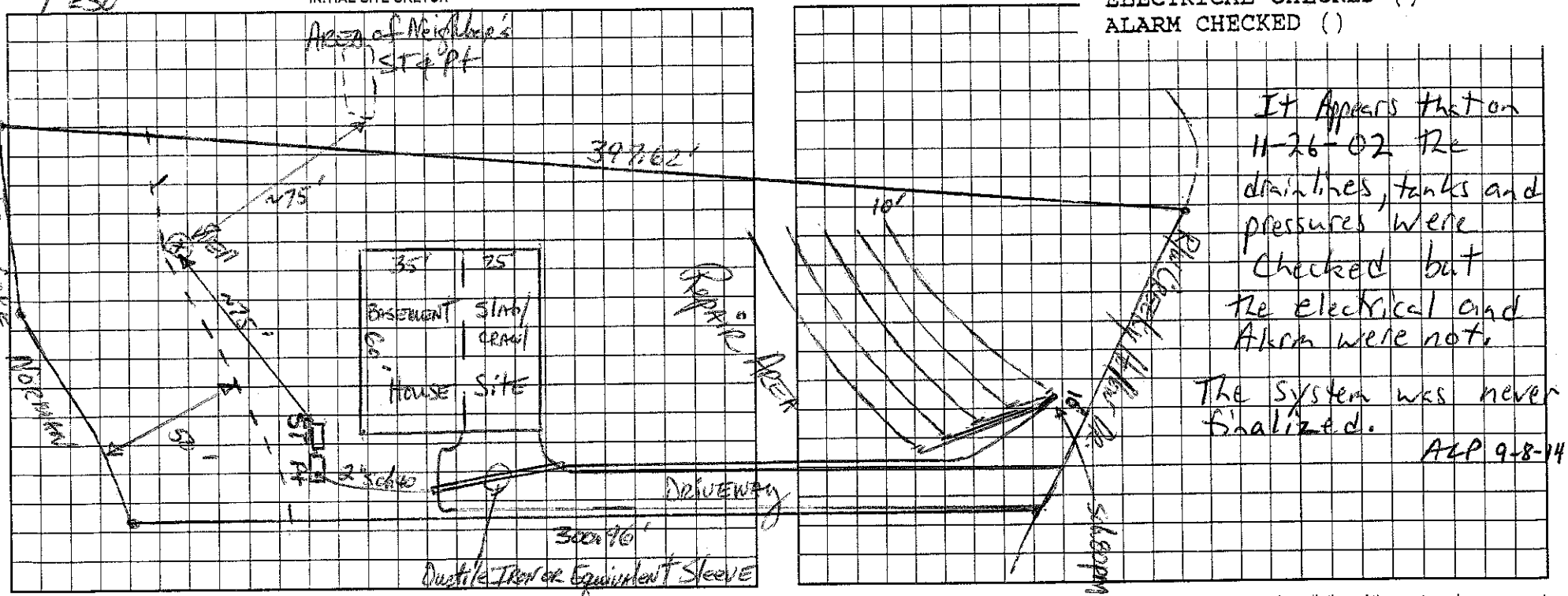
PRESSURE CHECKED (✓)

ELECTRICAL CHECKED ( )

ALARM CHECKED ( )

INITIAL SITE SKETCH

1"=50'



It Appears that on 11-26-02 the drainlines, tanks and pressures were checked but the electrical and Alarm were not.

The System was never finalized.

ALP 9-8-14

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: Rowan Septic

Improvement Permit by: _____ RS date 2-16-01 Operation Permit by: _____ date _____

Authorization to Construct by: _____ RS date 12/20/01 Existing System Inspection by: _____ date _____

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