IREDELL COUNTY HEALTH DEPARTMENT

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

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

$125 [redacted]

PERMIT# 092-405 PIN# 4639 73 4475 (pt) 4639522266 DATE Feb 15, 01

OWNER OR CONTRACTOR Crescent Raceway Assoc. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION Perth Rd N. TL Fern Hill Rd. TL Wildwood Cove Dr. TR Creeky Hollow Dr. on Right at end

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 22/22A LOT AREA 27900 + 15992 sf SITE CLASS. PS * DESIGN FLOW 480 gpd L.T.A.R. 03 *SFE 22A

Septic Tank: 1000 Gallons; STB 794 Date 11-9-03

Pump Tank: 1000 Gallons; PT 27 Date 3-13-05

Pump Make: Goulds Model 1 1/2 HP Serial No. _____

Nitrification Field: No Fields ___ 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: PM INNOVATIVE -25% Red.

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4/4 No. Bathrooms 4/4 No. Employees ___

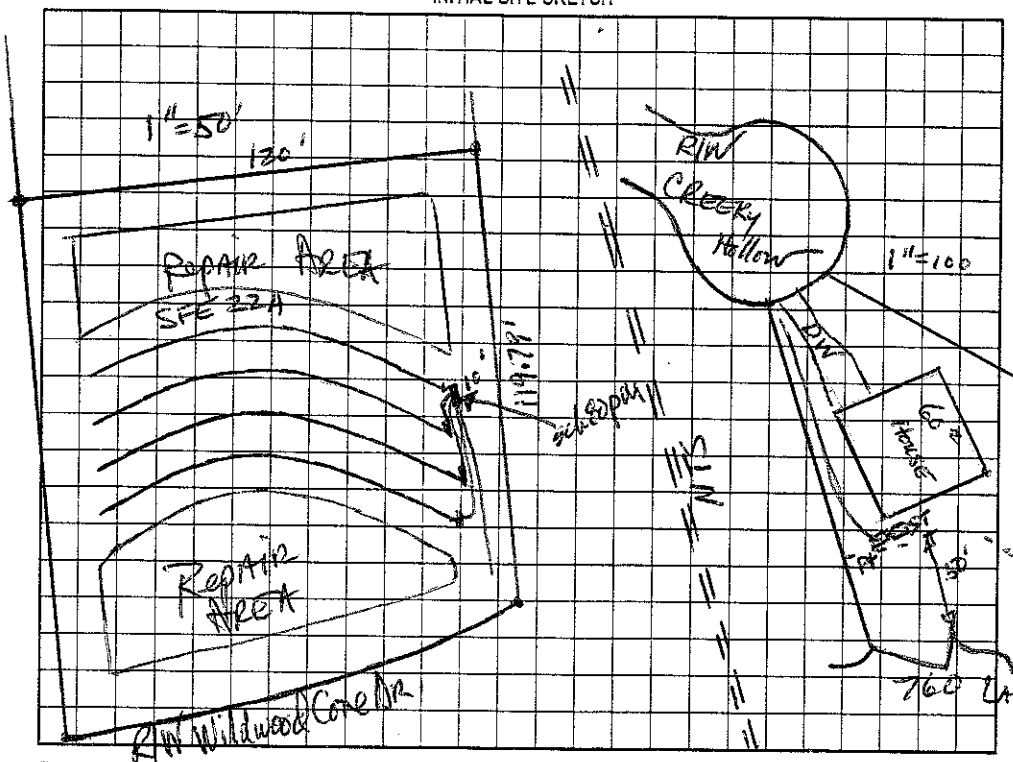
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Checked lines & tanks 4/2/05
Pressure, Electra Alarm 5/26/05

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow essentially as Drawn

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: Chris Roseman RS

Improvement Permit by: _____ date 2-15-01 Operation Permit by: _____ date 5/26/05

Authorization to Construct by: _____ date 10/5/04 Existing System Inspection by: _____ date _____

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