8/25

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092400 PIN# ~~4639 73 6905 (pt.)~~ 4639524634 DATE Feb 15, 01

OWNER OR CONTRACTOR Crescent Resources, Inc. // Jay Johnstone PHONE: Business _____ Home _____

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

LOCATION Poplin Rd. N. TL Fern Hill Rd. TL Wildwood Cove Dr. TR Creeky Hollow Dr. on left

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 18 LOT AREA 39190 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 2-9-01
Pump Tank: 1000 Gallons; PT 27 Date 8-28-01
Pump Make: Meyers Model ME50S Serial No. _____
Nitrification Field: No Fields 1 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. LP ~~Innovative PP BAS~~
Repair System Description: _____
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

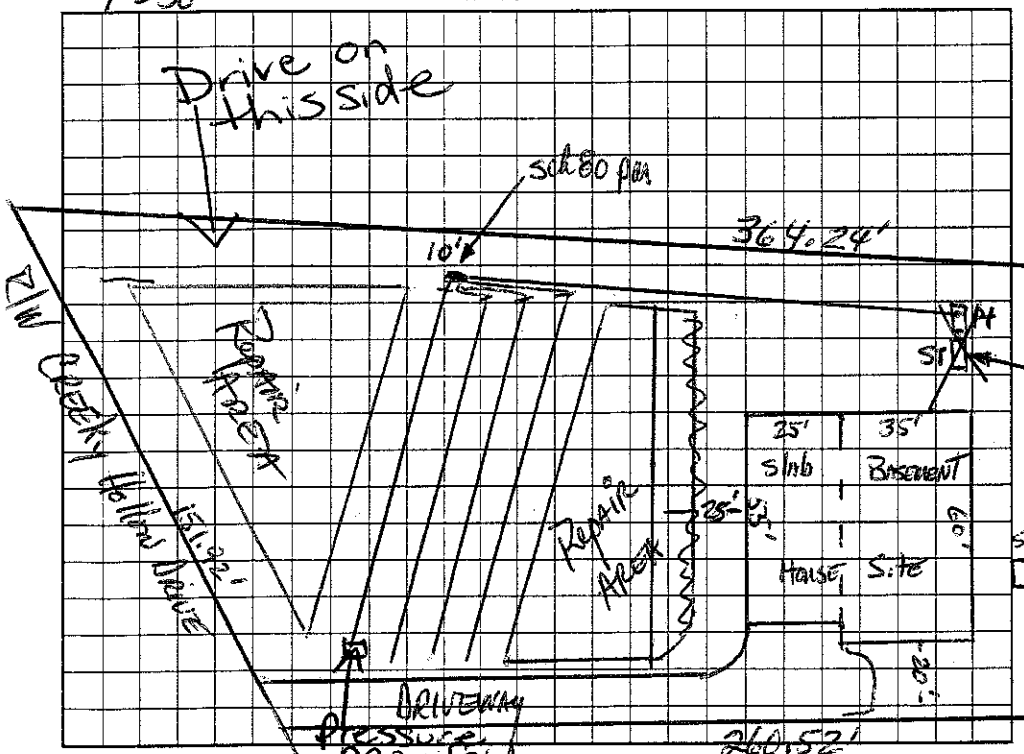
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 6-13-01 Reviewed house plan - substantially in compliance w/ I.P. House to have full basement. Repair will be panel block. DRH

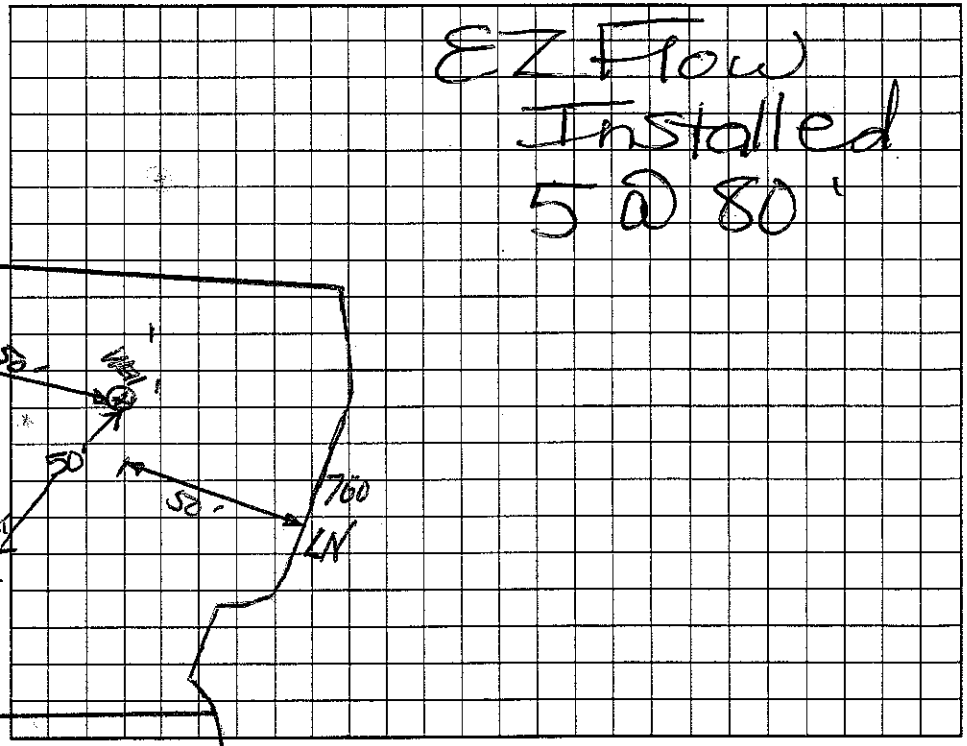
Comments:/Conditions: ~~(partial)~~ Full Basement Filter & riser installed Checked lines & tanks 10/4/2001 ST exactly 50' to well casing

1"=50'

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: RAH

Improvement Permit by: _____ date 2-15-01 Operation Permit by: Maria H.H. Dotson RS date 12/28/01

Authorization to Construct by: _____ date 6-13-01 Existing System Inspection by: _____ date _____

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