# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092396 PIN# 4639 73 4459 (pt) 4639-52-6902 DATE Feb 14, 01

OWNER OR CONTRACTOR Crescent Resources Inc - (Strum Const. Co.) PHONE: Business _____ Home _____

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

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

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 15/15A LOT AREA 28630 ft² + 10,390 ft² SITE CLASS. PS * DESIGN FLOW 480gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 325 Date 4/30/02

Pump Tank: 1000 Gallons; PT 325 Date 4/4/02

Pump Make: ZOELLER Model N-137 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 840-560 Linear Feet 280

No Lines 4@70' Trench Width 24" B'oc * Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI

System Description: LPP BPS onsite

Repair System Description: LPP BPS ON SFE 15A *

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

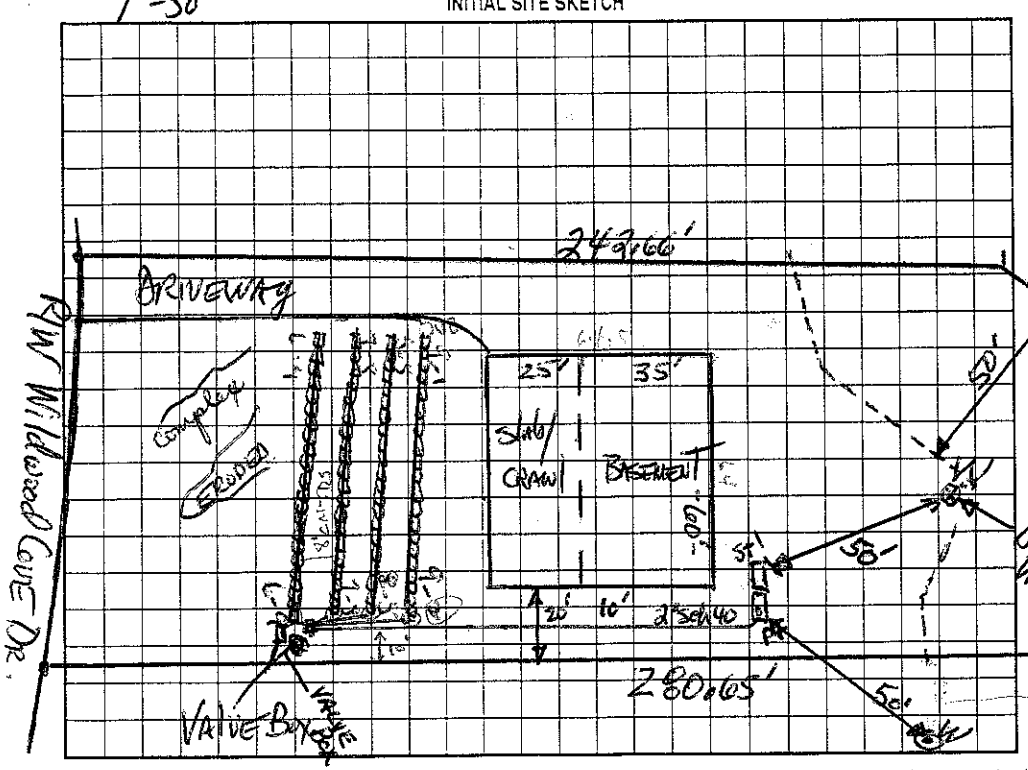
Comments:/Conditions: * Recommend using 36" wide trenches, 9' on center

5/8/02 - Plans essentially conform to IP drawing. Accs

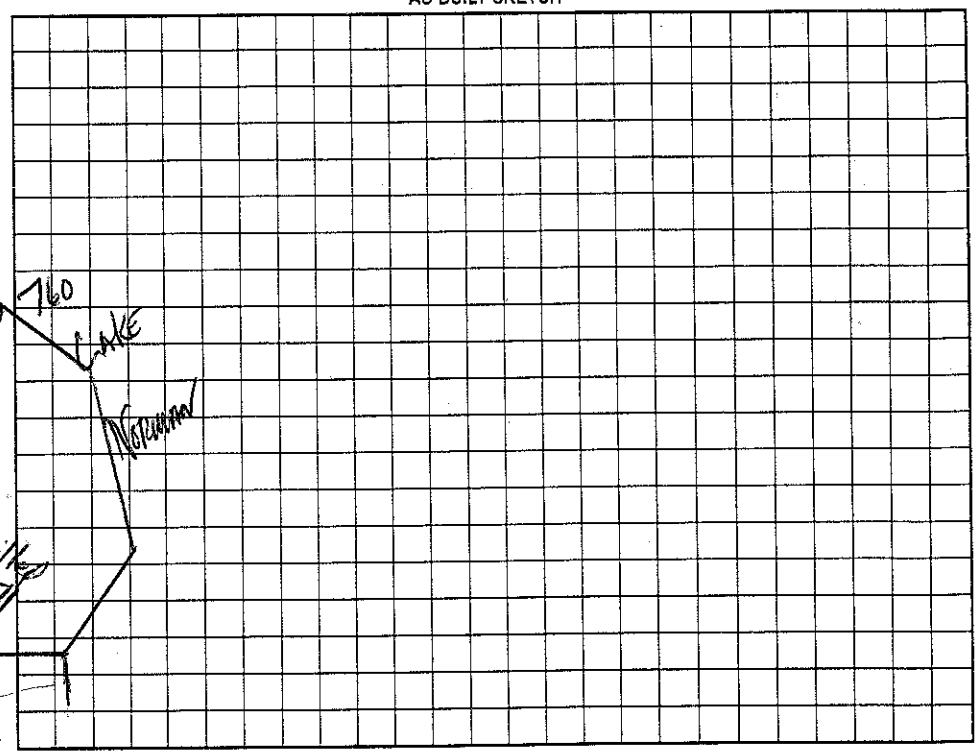
Comments:/Conditions: (PARTIAL)

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 3-27-01 Installed by: Rowan Septic Tank

Improvement Permit by: _____ PS date 2-14-01 Operation Permit by: _____ (for Gary) date 01/8/02

Authorization to Construct by: _____ R.S. date 5/8/02 Existing System Inspection by: _____ date _____

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