IREDELL COUNTY HEALTH DEPARTMENT

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

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

#125

PERMIT# 092390 PIN# ~~4629 73 4457 (pt.)~~ 4639537278.000 DATE Feb 13, 01

OWNER OR CONTRACTOR Crescent Resources Inc - JACK McCORMICK PHONE: Business _____ Home _____

ADDRESS P.O. Box 1033, Charlotte NC 28201

LOCATION Perth Rd N TL Fern Hill Rd TL Wildwood Cove Dr

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 12/12A LOT AREA 36047 sf + 16584 sf SITE CLASS PS* DESIGN FLOW 460gpd L.T.A.R. .3 SFE 12A*

Septic Tank: 1000 Gallons; STB 1017 Date 10/3/03

Pump Tank: 1000 Gallons; PT 17 Date 10/20/03

Pump Make: Goulds Model WE0 10128 Serial No. C043 7126

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM INNOVATIVE 25% Red on SFE12A

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

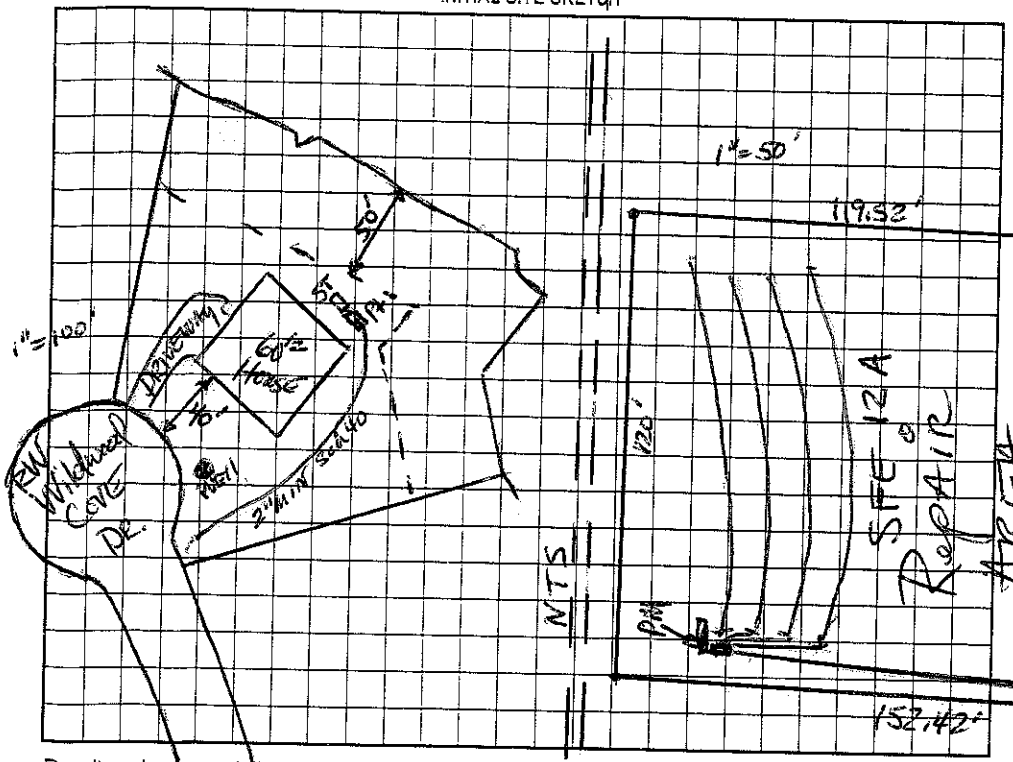
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

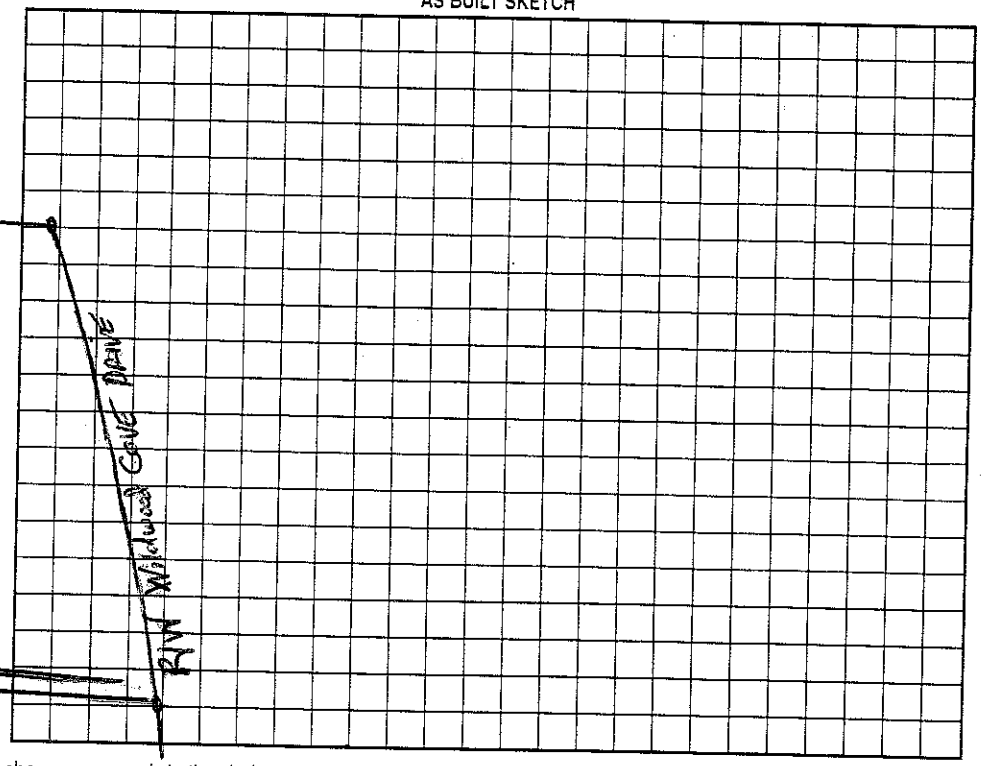
Comments:/Conditions:

Comments:/Conditions: Infiltrator installed.

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 3-2-01

Improvement Permit by: _____ date 2-13-01

Authorization to Construct by: _____ date 6/30/03

Installed by: Tommy Frye

Operation Permit by: Wesley Sparks R.S. date 4/21/04

Existing System Inspection by: _____ date _____

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