IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108533 PIN# 4644389053

OWNER OR CONTRACTOR ~~Ioma Tawnya Austin~~ Darron Deal PHONE: Business (704) 516-0659 Home 336 835-7500 DATE 9-16-2002

ADDRESS P.O. Box 187 Jonesville, NC 28642

LOCATION Langtree Rd ~~FR~~ TL Meeklynn Rd TR West Paces TR Sea Hide Ct. #109

SUBDIVISION Westview BLOCK / SECTION ____ LOT 19 LOT AREA .88 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 8/24/04

Pump Tank: 1000 Gallons; PT 1617 Date 11/6/04

Pump Make: Gould Model WGA-3/4 Serial No. 1120/05

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____

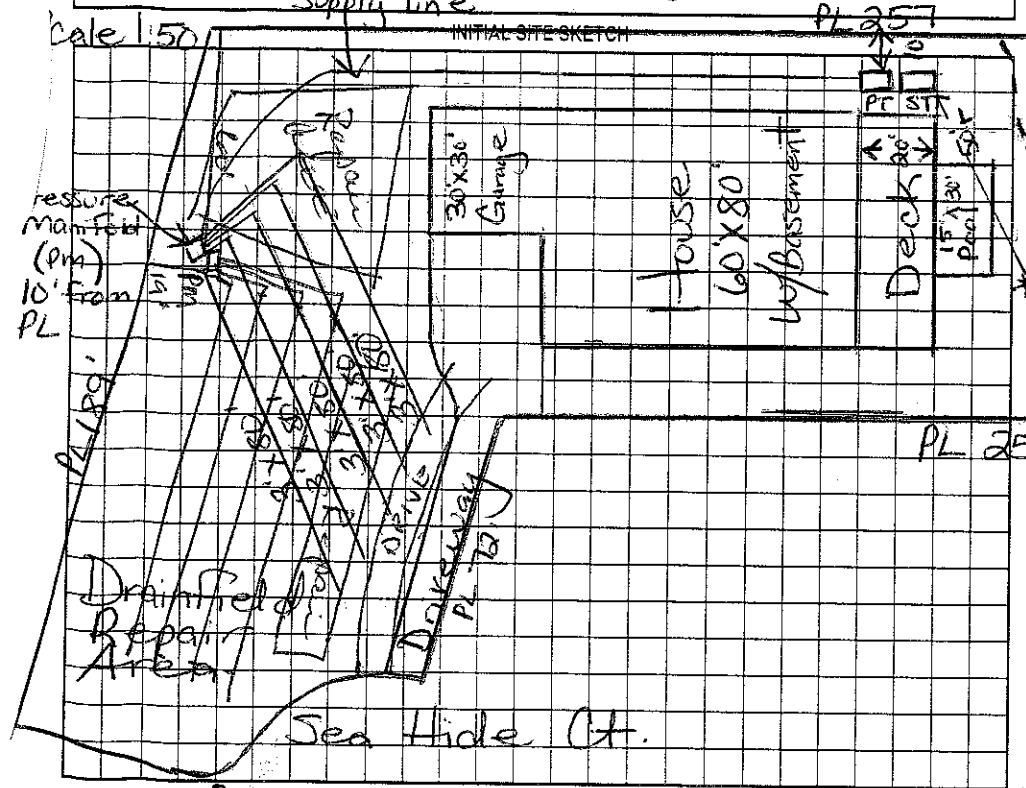
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

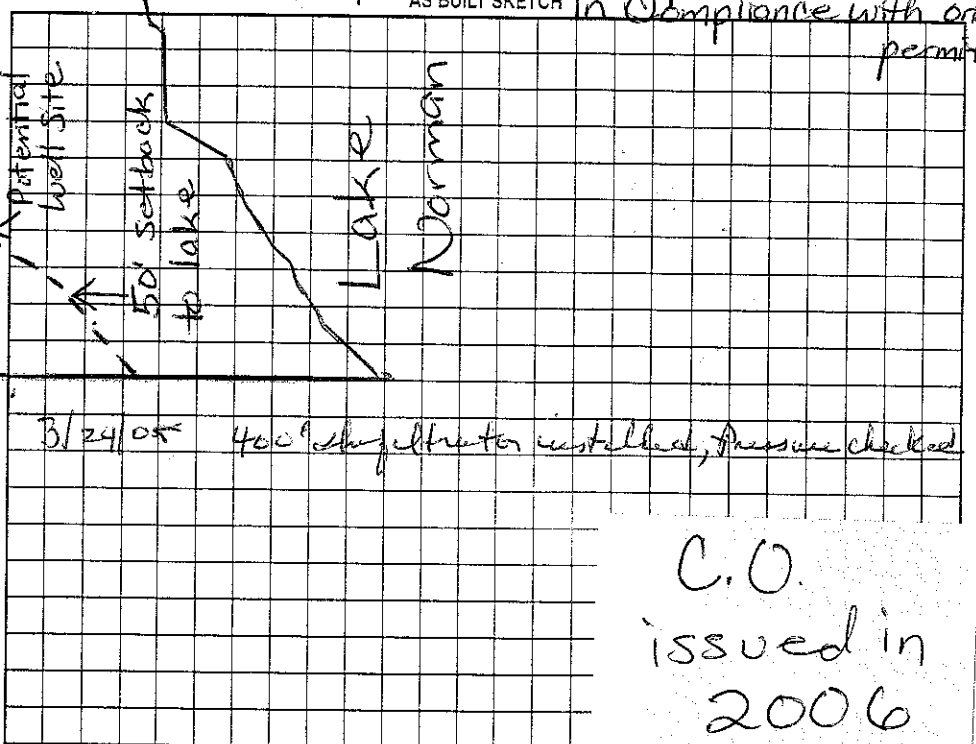
Comments/Conditions: Keep Septic System at least 10' from PL & 50' from lake. Keep tanks at least 50' from any well.

Comments/Conditions: Note: Ok to do 4 lines @ 100' (Drainfield) if installer can get it to fit & stay on contour. Reviewed site plans & building plans & essentially in compliance with original permit.

INITIAL SITE SKETCH



AS BUILT SKETCH



3/24/06 400' sand filter installed, pressure checked

C.O. issued in 2006

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 t

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 9/17/02.

Improvement Permit by: Maina M. Dolan R.S. date 9/16/02

Authorization to Construct by: Maina M. Dolan R.S. date 12/10/03

Installed by: A-1 Backhoe RFHS

Operation Permit by: Maina M. Dolan date 7/30/2010

Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 066506 DATE 7/25/97 TAX MAP NO. 4644481479 pt Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION Laughtree Tr Mecklynn TR West Paces TR Sea Hide Ct.

SUBDIVISION Westview BLOCK / SECTION LOT 19 LOT AREA .88 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1,200' Linear Feet 400'

No. Lines 5 at 30' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 0/4

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump - Plastic Chamber

Repair System Description: Modified

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

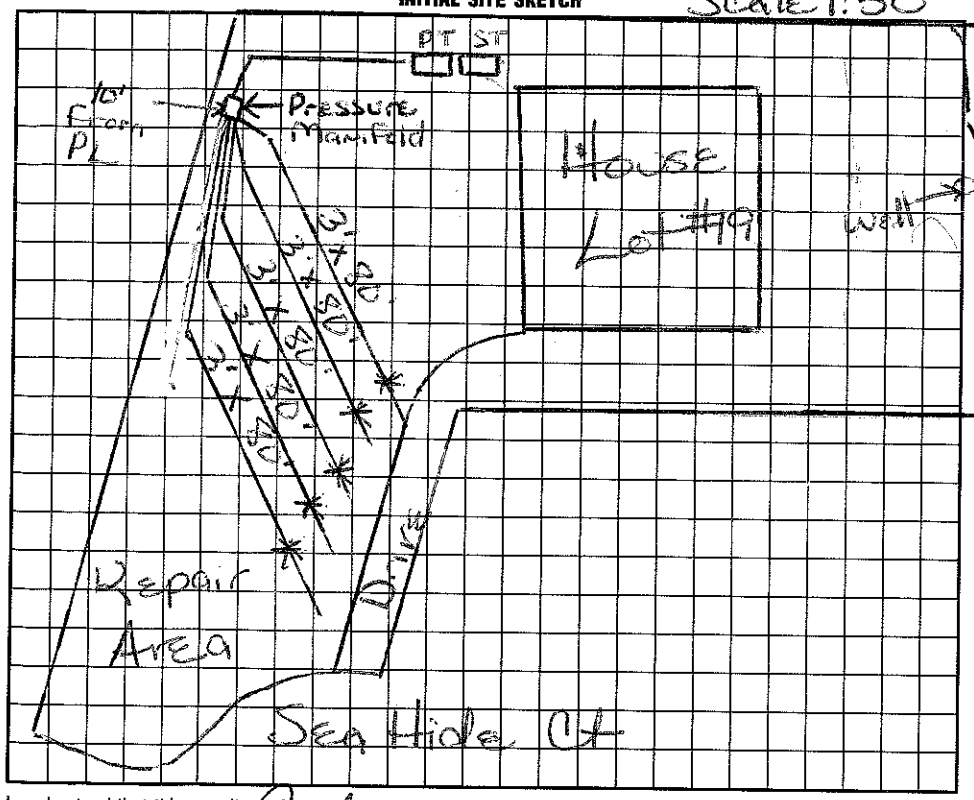
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

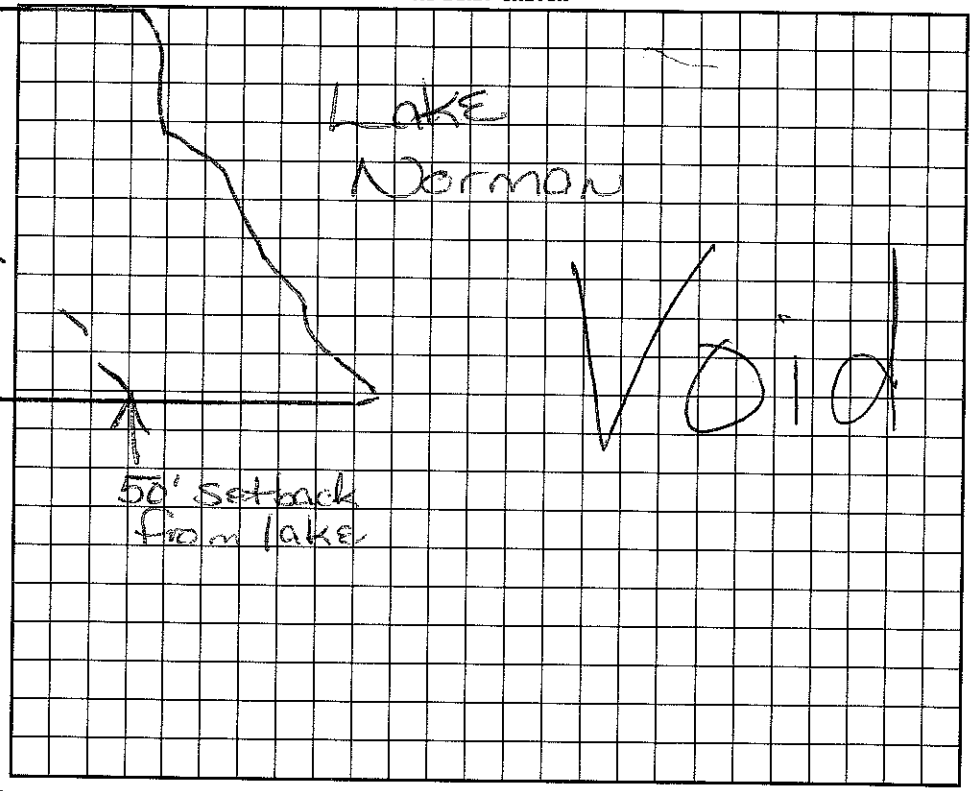
Comments: * Install inspection port near end of each lateral.

Comments:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Jenny Cooper, CHES Agent 8/5/97

Improvement Permit by: Mona H.H. Dotson date 8/25/97

~~Existing System~~ Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

Const. Auth

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 0665060 DATE 7/14/97 TAX MAP NO. 4644481479 PH

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 663-6905 Home

Watershed: ☒ Yes ☐ No

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Langtree TL Mecklynn TR West Paces TR Sea Hide Ct

SUBDIVISION Westview BLOCK / SECTION J LOT 19 LOT AREA .55 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 at 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: Pump - Plastic Chamber

Repair System Description: Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

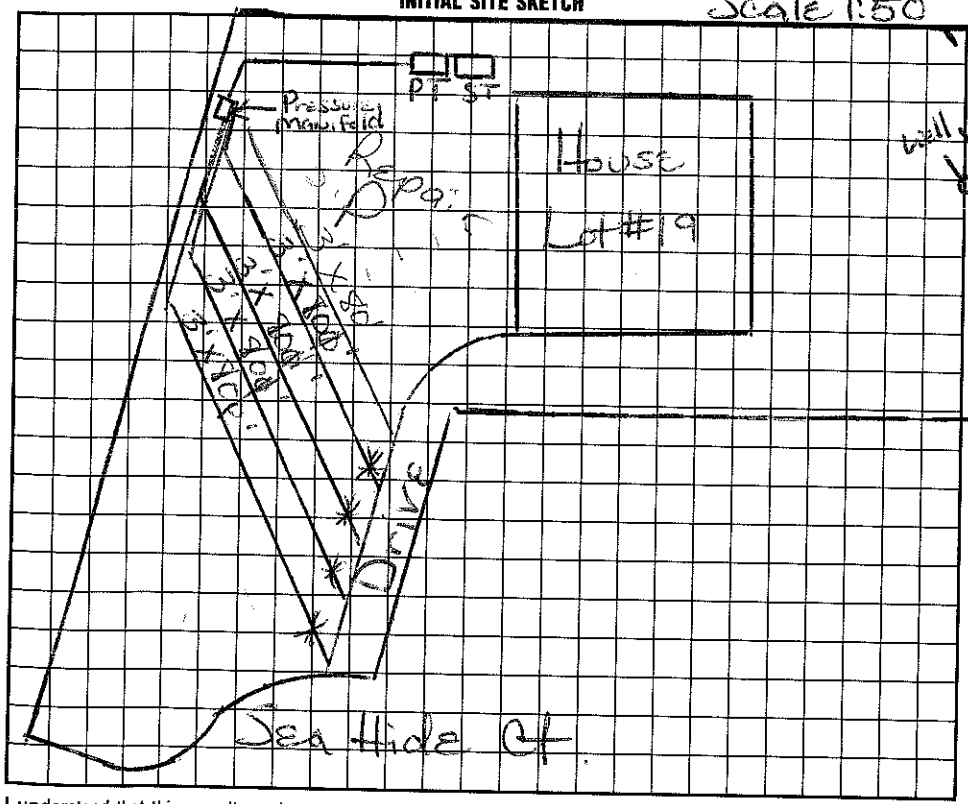
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

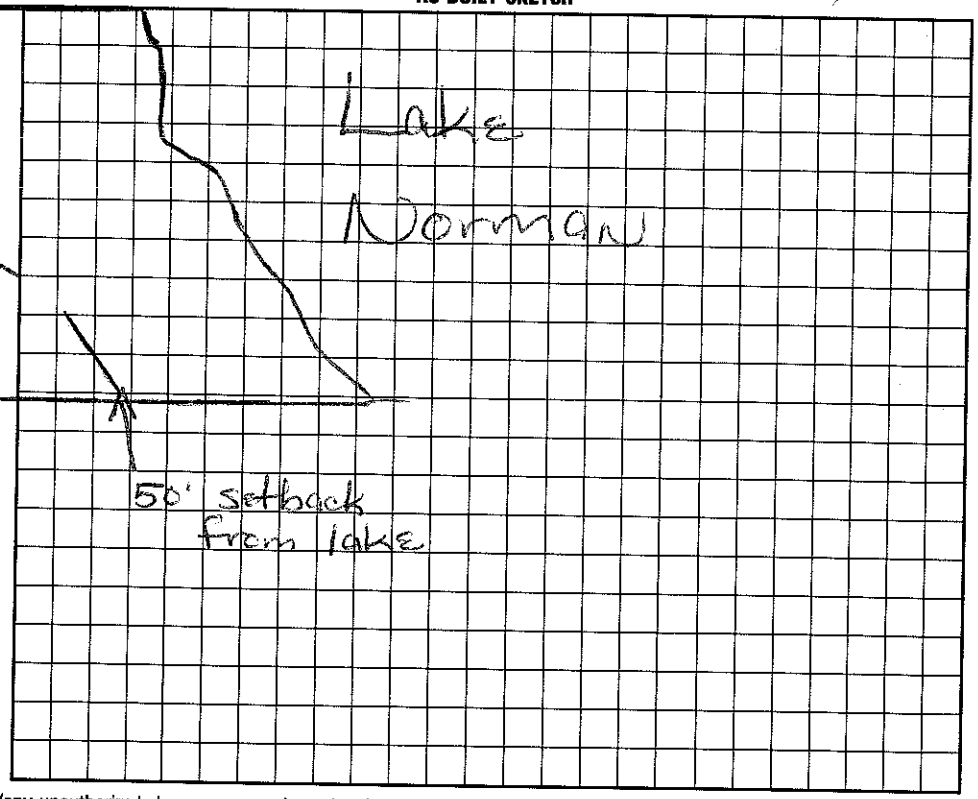
Comments: * Install inspection port near end of each lateral.

Comments: Void

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Maria H. Dotson date 7/14/97

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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