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. C66490 DATE 6/30/97 TAX MAP NO. 4644481479 4644482859 Watershed: ☒ Yes ☐ No

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

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Langtree TL Mecklynn TR West Pages Rd

SUBDIVISION Westview BLOCK / SECTION J LOT 7 LOT AREA 1.32 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 5794 Date 12/99

Pump Tank: 1000 Gallons; PT 27 Date 12/99

Pump Make: Hydromatic Model 1208/99 Serial No. HE50A1

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines ~~6 @ 70'~~ 6 @ 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, Conv.

System Description: Pump Plastic Chamber

Repair System Description: Pump - Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

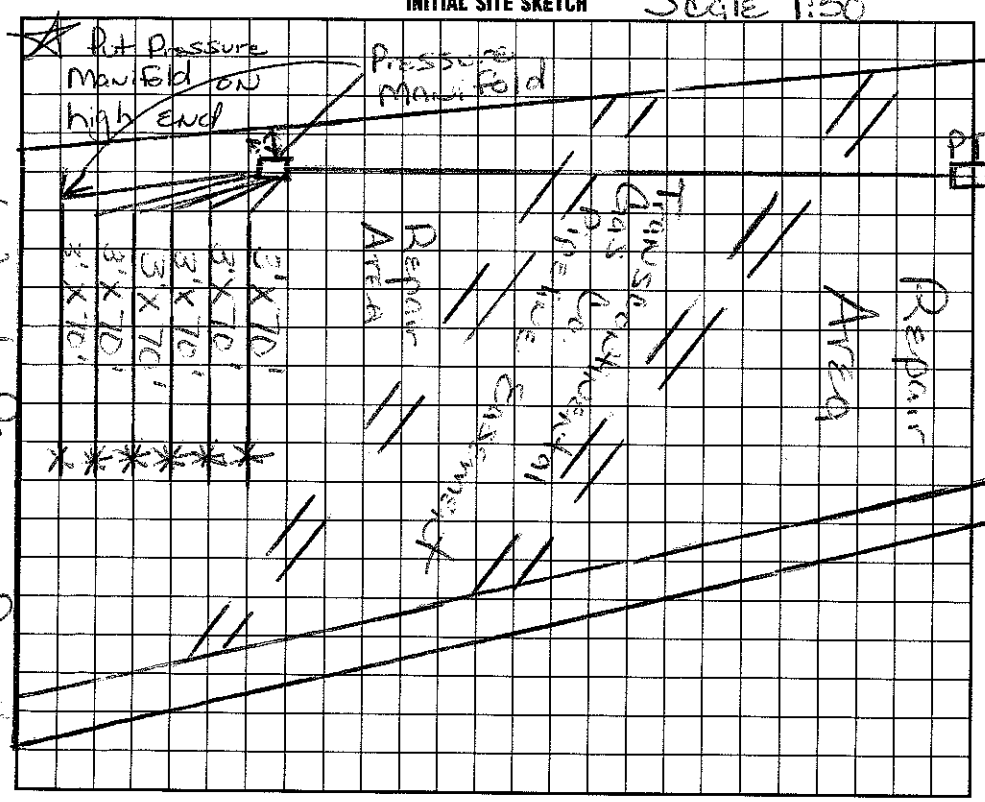
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: * Install inspection ports at end of each lateral

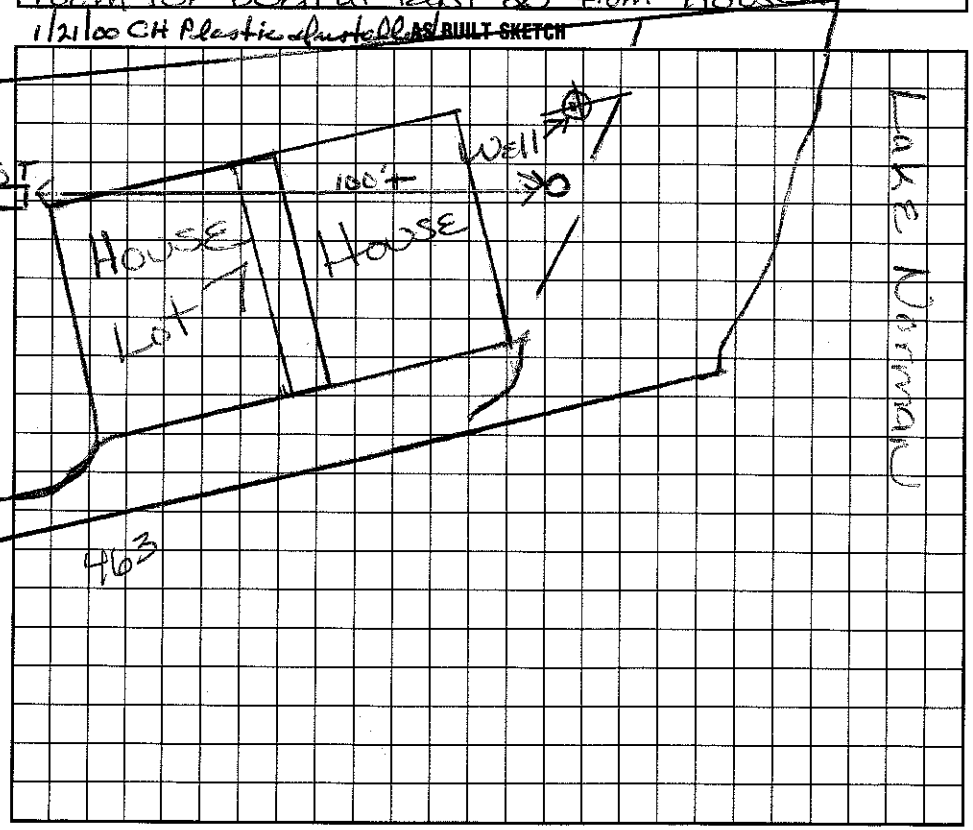
CBP - Checked Conduit

Comments: 3 Bedroom instead of 4 Bedroom therefore Pump to Conventional is okay. MD ok to move house towards lake. Need to leave room for well at least 25' from House

INITIAL SITE SKETCH Scale 1:50



1/21/00 CH Plastic chamber 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: [signature] Agent 6/5/97

Improvement Permit by: Maria H. Dotson date 7/1/97

~~Existing System~~ Inspection by: Maria Dotson date 8/12/99

Const. Auth.

Installed by: Curt Dunning

Certificate of Completion by: date

Operation Permit by: [signature] RS date 2/10/00

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