IREDELL COUNTY HEALTH DEPARTMENT

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

3:00

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

PERMIT# 0660479 PIN# 4644481479PT 4644 49 3200 DATE 3/4/7/99

OWNER OR CONTRACTOR Crescent Resources / Deb Pedigo PHONE: Business 663-6905 Builder Home Wilis Spivey 483-6513

ADDRESS P.O. Box 1003 Charlotte 28201

LOCATION Langtree TL Mecklynn on Rt before County line TR W. Paces TR Jade Spring Ct.

SUBDIVISION Westview BLOCK / SECTION J LOT 4 LOT AREA .754Acres SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 6-17-99

Pump Tank: 1000 Gallons; PT 32 Date 11-15-99

Pump Make: Zoeller Model N137 Serial No. LCSA/115V/1HP

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

No Lines 6 at 70' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-PM-25% Reduction

Repair System Description: Pump - Modified

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

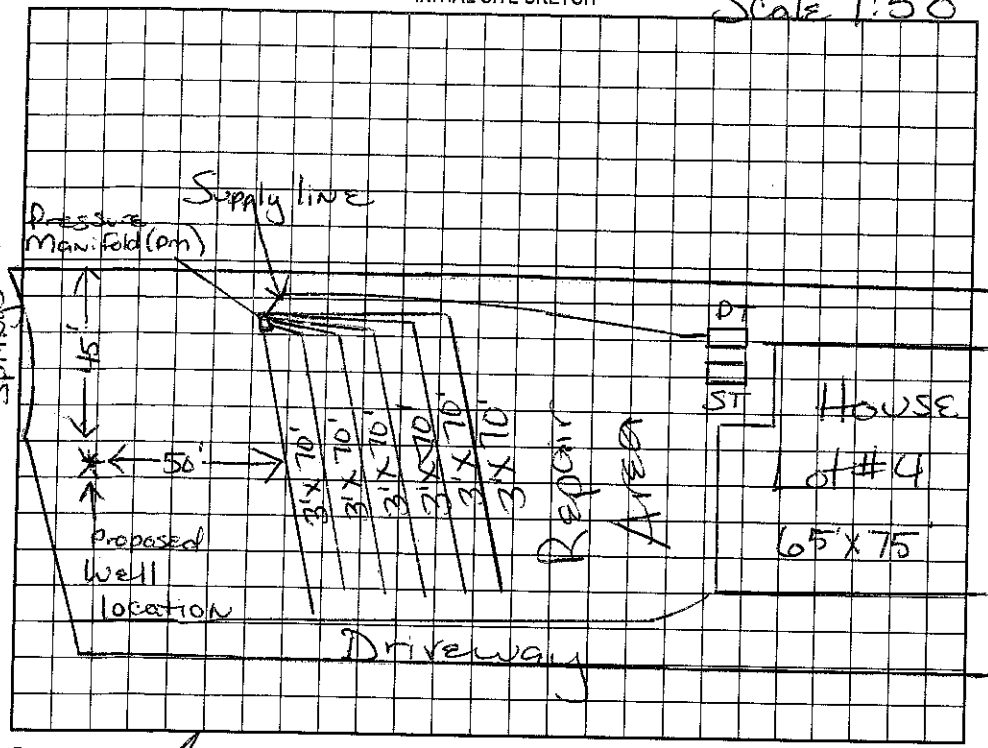
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

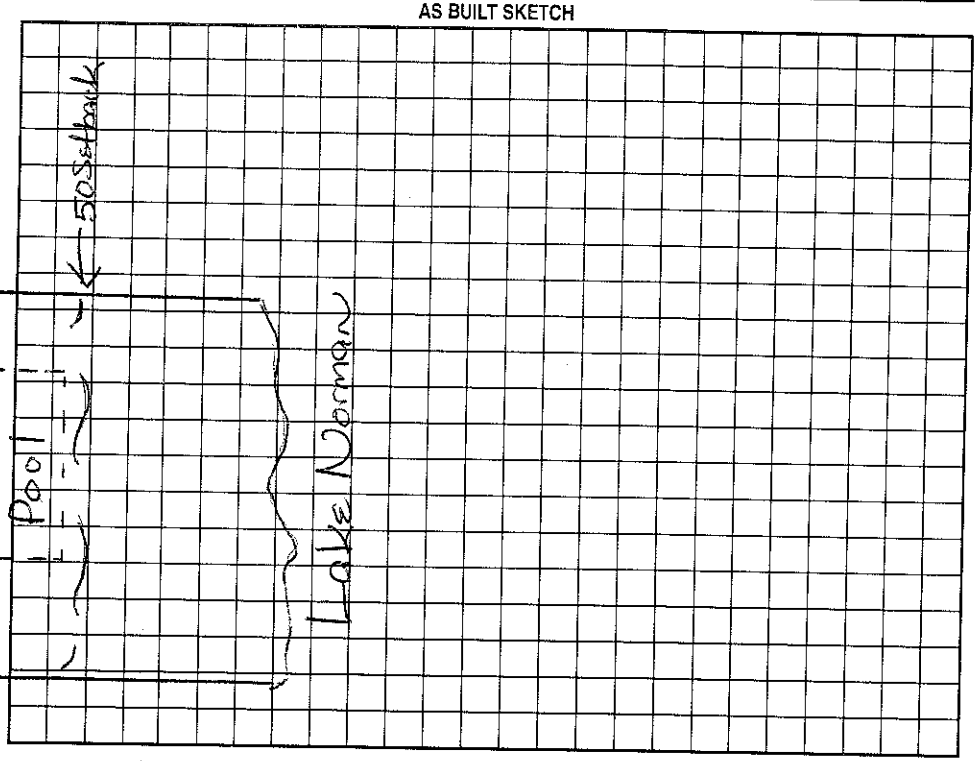
Comments:/Conditions: Keep Septic System 10' From PL & 5' From House & 50' From lake

Comments:/Conditions: Filter & riser installed Tanks, lines & pressure Checked 2/8/2000 Alarm hard wired in.

INITIAL SITE SKETCH Scale 1:50



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: Renee Smith Spivey for Deb Pedigo date 4/9/99

Improvement Permit by: Maria H.H. Dotson RS date 4/7/99

Authorization to Construct by: Maria H.H. Dotson RS date 4/7/99

Installed by: G & M Enterprises

Operation Permit by: Maria H.H. Dotson RS. date 6/1/2000

Existing System Inspection by: _____ date _____

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