4644495247.000

3 30

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. 066475/112924 DATE 7/30/97 TAX MAP NO. ~~4644814 1989~~ Watershed: ☒ Yes ☐ No

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

ADDRESS P.O. Box 1063 Charlotte, NC 28201 (106 Jade Spring Court)

LOCATION Langtree TL Mecklynn Rd TR West Paces Rd on corner of W. Paces & Jade Spring Ct.

SUBDIVISION Westview BLOCK / SECTION _____ LOT 241 (Reset mark) LOT AREA .062 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/26/03

Pump Tank: 1000 Gallons; PT 27 Date 8/30/03

Pump Make: Gauds Model WEO 311 M Serial No. _____

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

No Lines 6 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 to Plastic Chamber

Repair System Description: Pump to Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

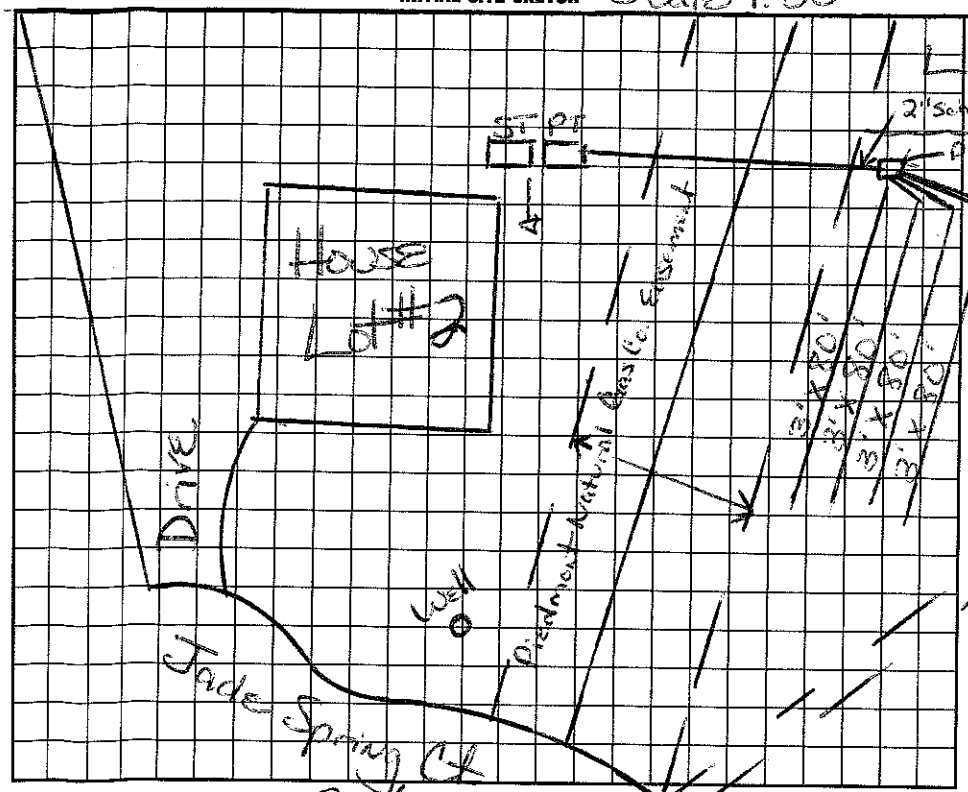
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

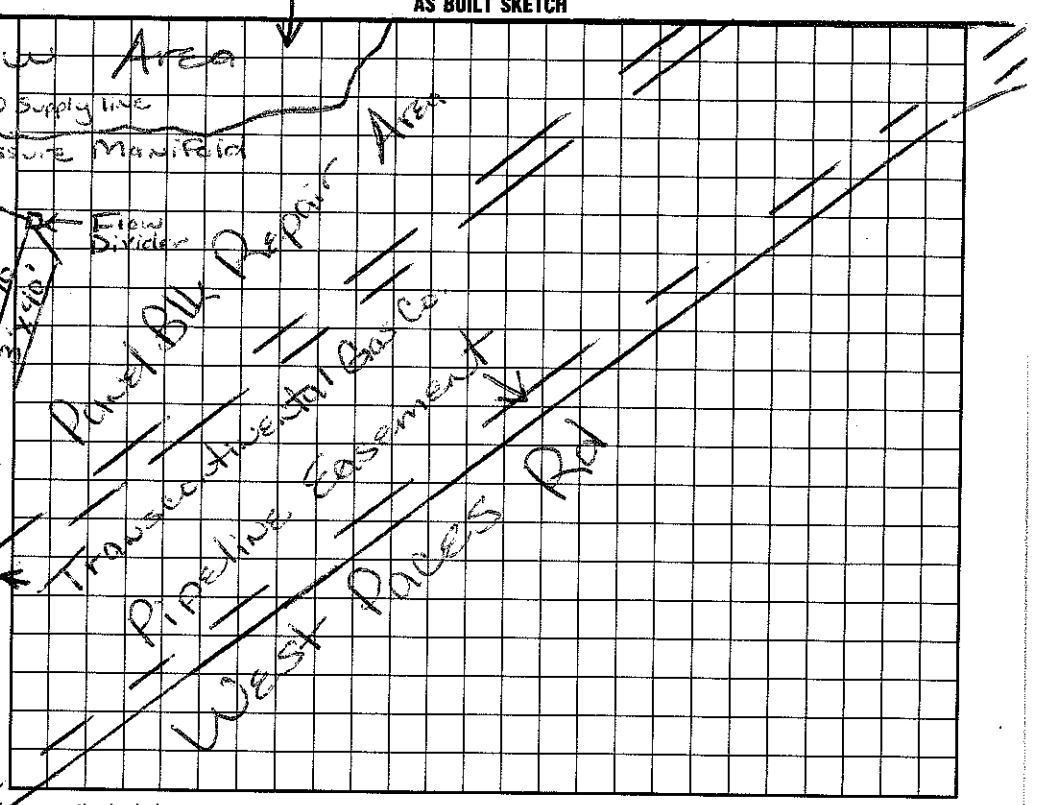
Comments: 9/22/03 Site visit - ok to put well on left side of lot, 10' from PL & 25' from house. Drive was moved to right SL.

Comments: Pin # for Lot / Easement 4644497203.000

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: _____ Agent 6/5/97

Improvement Permit by: Maria Dolan date 7/30/97

Existing System Inspection by: Maria Dolan RS date 4/2/03

Installed by: Monty Tinker

Certificate of Completion by: Wesley Sparks RS date 1/13/04

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