IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077089 PIN# ~~4639734550~~ 4720-60-8831 DATE 2-19-99

OWNER OR CONTRACTOR Crescent Resources PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION State Park Rd TC Wildlife TR Sierra Woods TR Maple View

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 115 LOT AREA 52,064 Ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 01/25/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 at 80' 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: Gravity - 25% Reduction
Repair System Description: Pump - Conventional
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

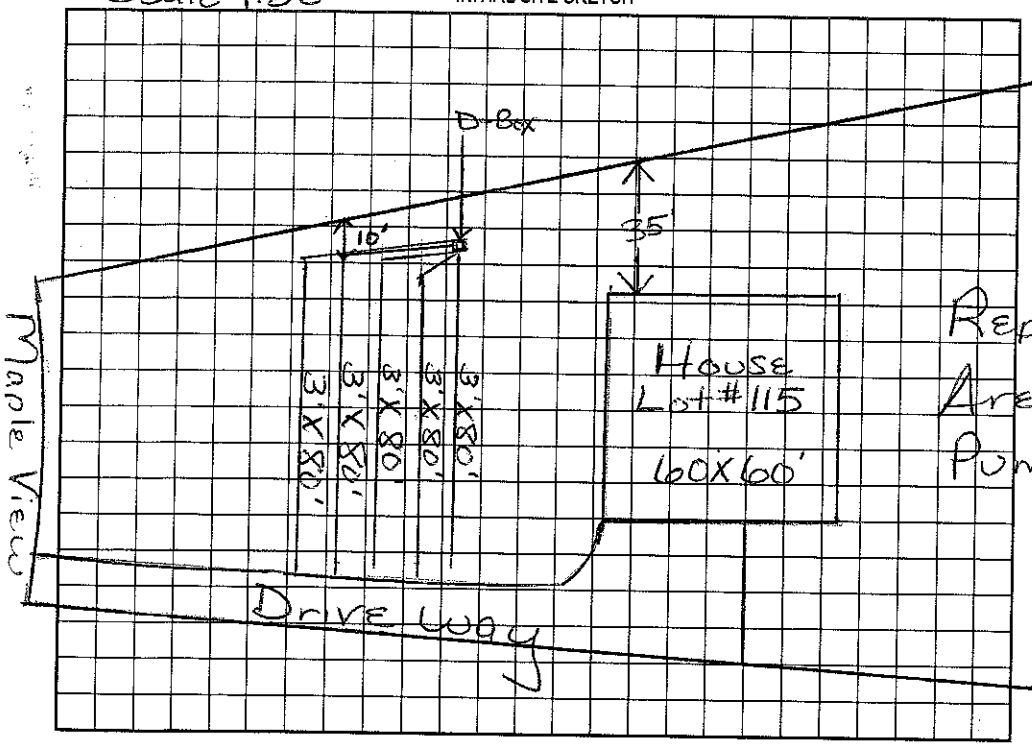
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from House

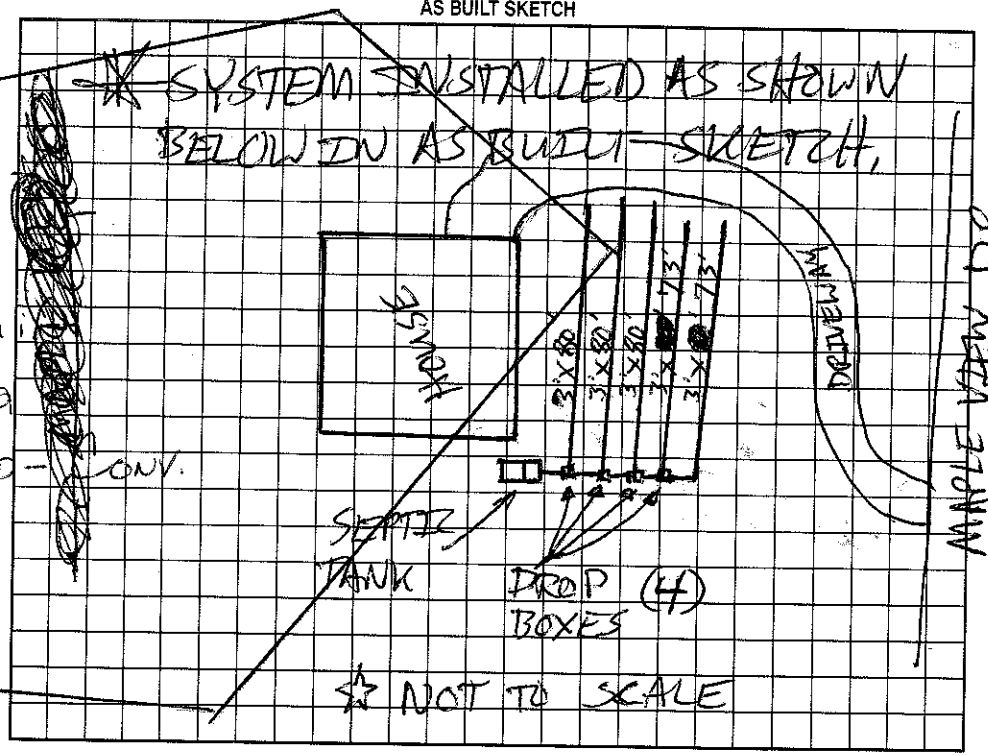
Comments:/Conditions: - SEPTIC TANK INSTALLED USING POLY-LOC-FILTER

Scale 1:50'

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 4/13/99 Installed by: ROWAN SEPTIC 03/31/03

Improvement Permit by: _____ date 2/19/99 Operation Permit by: _____ date 03/31/03

Authorization to Construct by: _____ date 10/16/02 Existing System Inspection by: _____ date _____

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