IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106436 PIN# ~~4624 35 2044~~ 4624382058 DATE 7/3/02

OWNER OR CONTRACTOR CRESCENT RESOURCES / Dicast Cust. Homes PHONE: Business 660-1185 Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - 2nd ON TL PAST GREY FRIARS / EASEMENT AREA ON GREY FRIARS

SUBDIVISION ~~Cut~~ Point BLOCK / SECTION 6 LOT 1742 LOT AREA 1.77AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~.250 gpd/ft²

Septic Tank: 1000+ Gallons; STB 4414 Date 2-2-06

Pump Tank: 1000+ Gallons; PT 87 Date 1-20-06

Pump Make: Myers Model ME50 Serial No.

Nitrification Field: (No) Fields 1 Square Feet 1470 Linear Feet 440

No Lines 7@70' 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 25% REDUCTION

Repair System Description: SAME

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

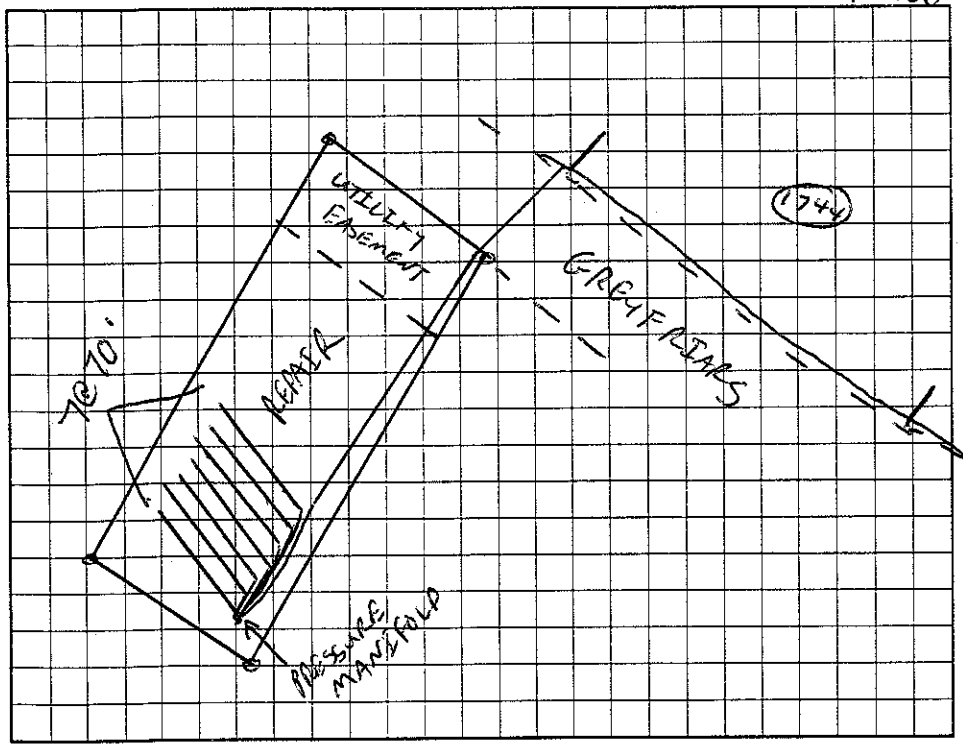
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: SEE PLAT FOR PIPE RUNS AND LOCATION

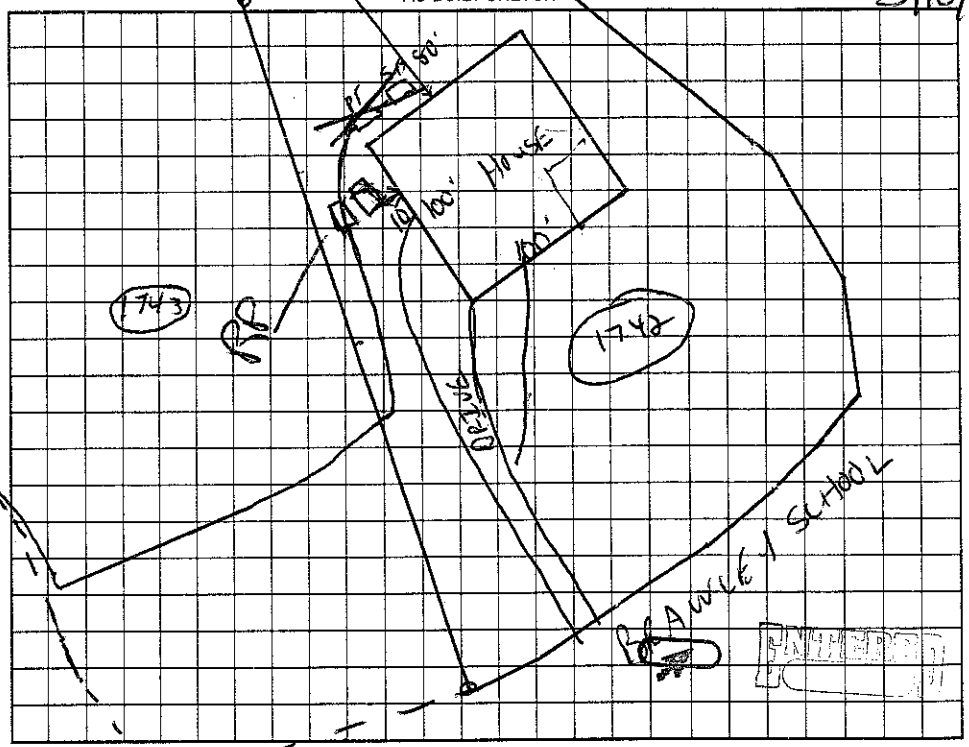
Comments:/Conditions: Installed EZ Flow as Drawn 2-7-06

Checked tanks 3/10/04

INITIAL SITE SKETCH 1" = 100'



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: [signature] date 7/9/02

Improvement Permit by: [signature] RS date 7/3/02

Authorization to Construct by: [signature] date 8/2/05

Installed by: R & H

Operation Permit by: [signature] RS date 4/5/06

Existing System Inspection by: date

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