3.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106437 PIN# 4624 384170 DATE 7/5/02

OWNER OR CONTRACTOR CRESCENT RESOURCES / DIENST PHONE: Business 660-1185 Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - ON LT CORNER OF GREYFRIARS - / SEPTIC AREA ON LT ON GREYFRIARS

SUBDIVISION CL&T BLOCK / SECTION LOT 1743 LOT AREA 1.72AC SITE CLASS. AS DESIGN FLOW 480GPD L.T.A.R. ~.25GPD/FT²

Septic Tank: 1000T Gallons; STB 444 Date 2/9/06
Pump Tank: 1000+ Gallons; PT 27 Date 2/9/06
Pump Make: Myers Model P102 Serial No.
Nitrification Field: No. Fields 1 Square Feet 1470 Linear Feet 490
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

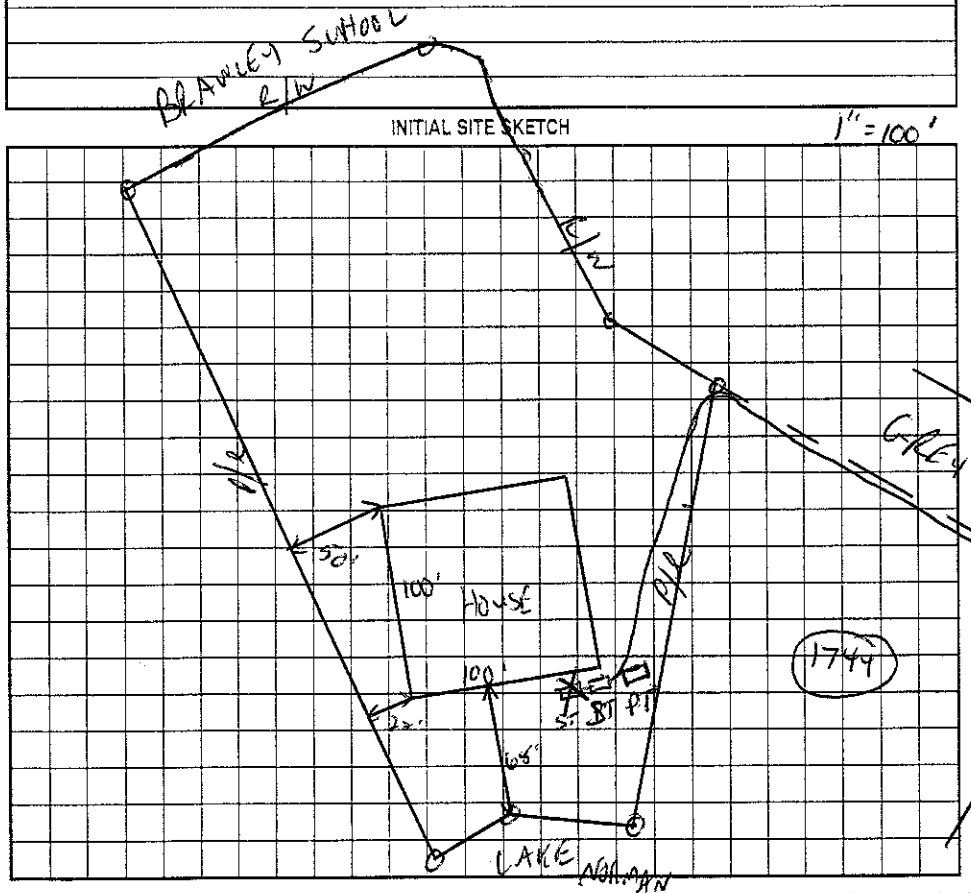
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions:

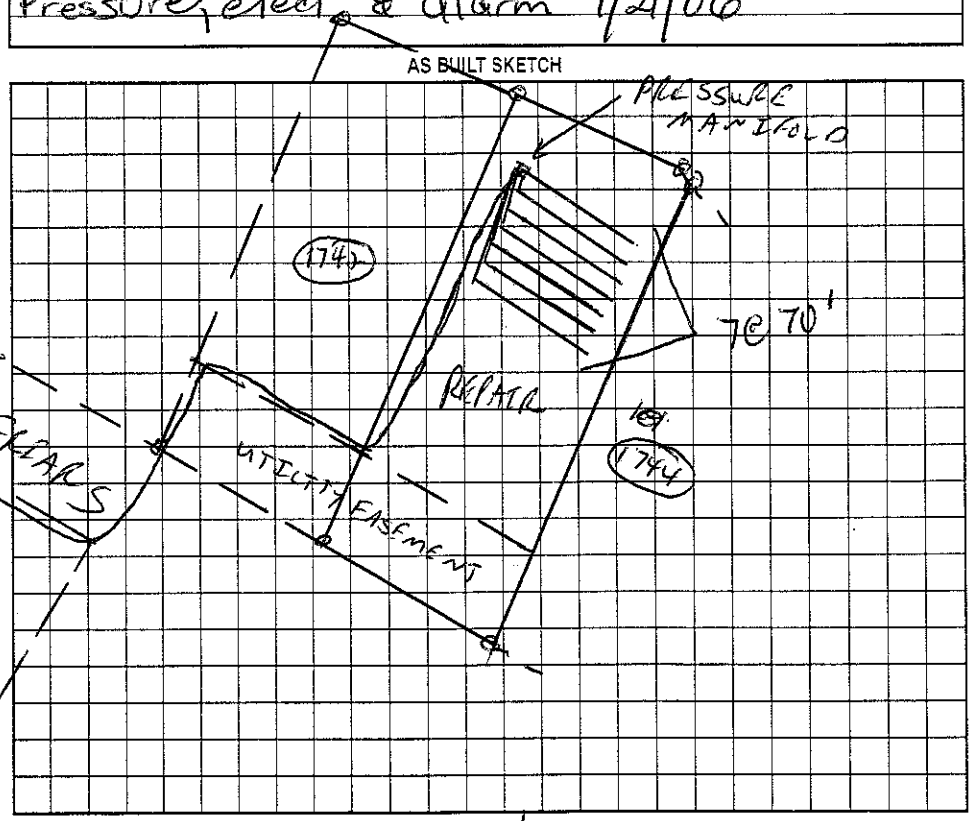
BRAWLEY SCHOOL R/W

INITIAL SITE SKETCH 1" = 100'



Comments/Conditions: 2/10/06 Installed ET Flow was Drawn
Tanks Checked 3/14/06 mo
Pressure, elect & alarm 4/21/06

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] (Agent) date 7/9/02

Improvement Permit by: [signature] RS date 7/5/02

Authorization to Construct by: [signature] RS date 6/24/05

Installed by: [signature] R&T

Operation Permit by: [signature] RS date 4/21/06

Existing System Inspection by: date

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