# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 070424 PIN# 4625941684 PT 4624-48-1695 DATE 12/31/97

OWNER OR CONTRACTOR CRESCENT RESOURCES / PointQuest SOC PHONE: Business 663 6905 T JACOBS Home

ADDRESS 17405 JETTON RD. CORNELIUS NC 28031

LOCATION BRAWLEY SCHOOL RD. .25 MILE BEFORE STONEMARKER ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.53AC SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 794 Date 1/10/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 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 CHAMBERED ORIDS
Repair System Description: GRAVITY PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☑ Business * No. Employees 10
☐ Other _____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

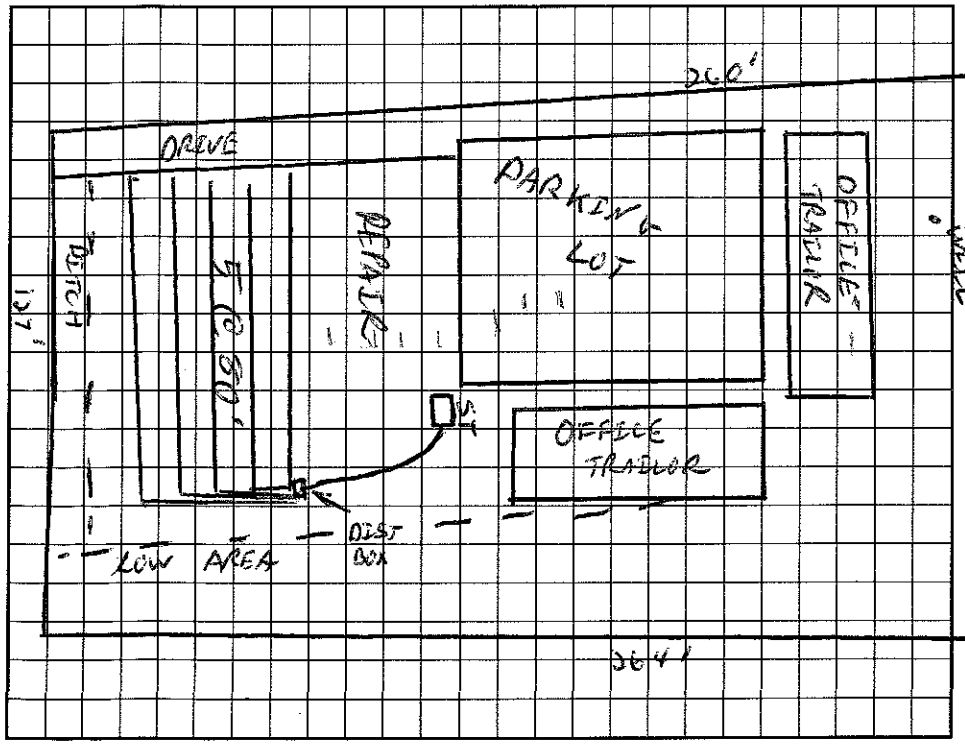
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: * SYSTEM SIZED FOR 4BR HOUSE AT 480 GPD. - OFFICES WILL CONSIST OF 10 EMPLOYEES AT 25 GPD PER EMLOYEE.

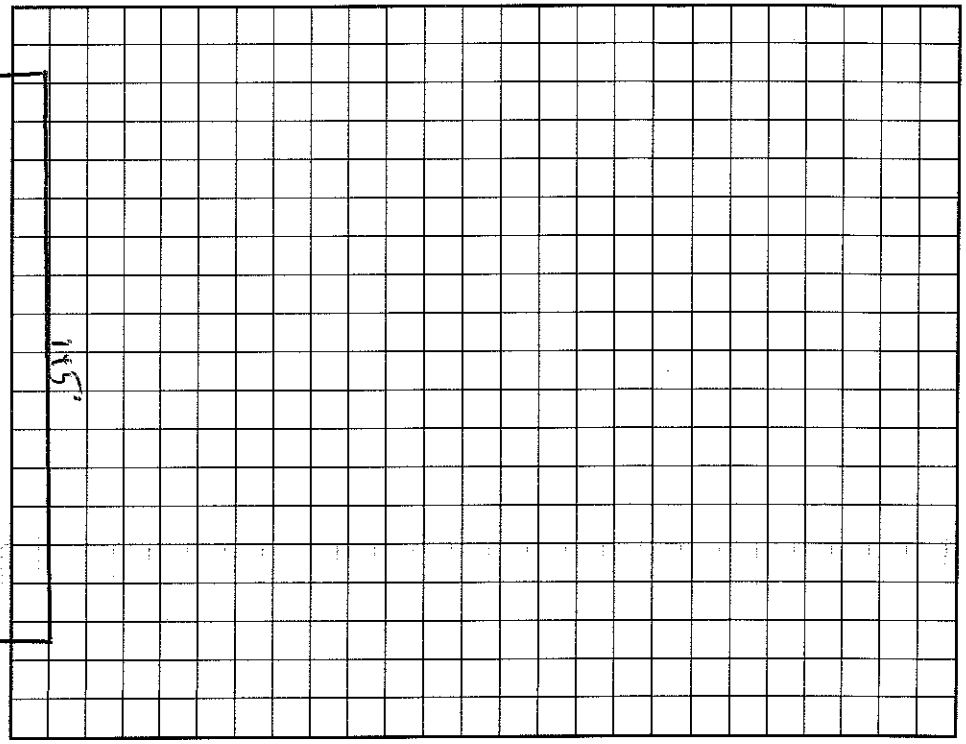
Comments:/Conditions: LOWER 4 LINES & TANK CHECKED

1"=50'

**INITIAL SITE SKETCH**




**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 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: Tracy C Jacobs date 1-2-98 Installed by: MAYHEW & CHARLES

Improvement Permit by: C. Ray Foster date 12/31/97 Operation Permit by: _____ date _____

Authorization to Construct by: C. Ray Foster date 12/31/97 Existing System Inspection by: C. Ray Foster date 3/3/98

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