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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10227T PIN# 4625 94 1684 & 859 4624-48-4922 DATE Oct 9, 01

OWNER OR CONTRACTOR Crescent Resources, Inc. / Dieruf Custom Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte NC 28201

LOCATION Brawley Sch Rd on Right just before get w/ Stonemarker Rd.

SUBDIVISION The Point BLOCK / SECTION B LOT 859/859A LOT AREA 49,225+27,790 ft² SITE CLASS. PSSFE DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 338 Date 8-13-06
Pump Tank: 1000 Gallons; PT 27 Date 7-28-06
Pump Make: Myers Model ME50S Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 460
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm Innovative -25% Red.
Repair System Description: LP Innovative or PPBS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

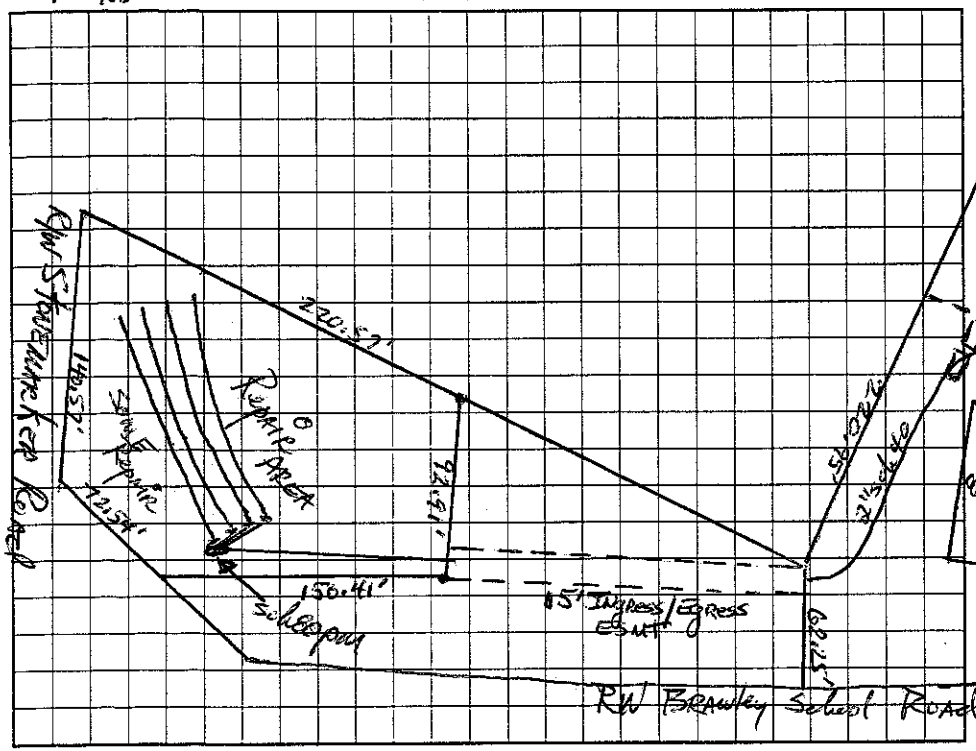
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Tank checked 10/25/06
Eng

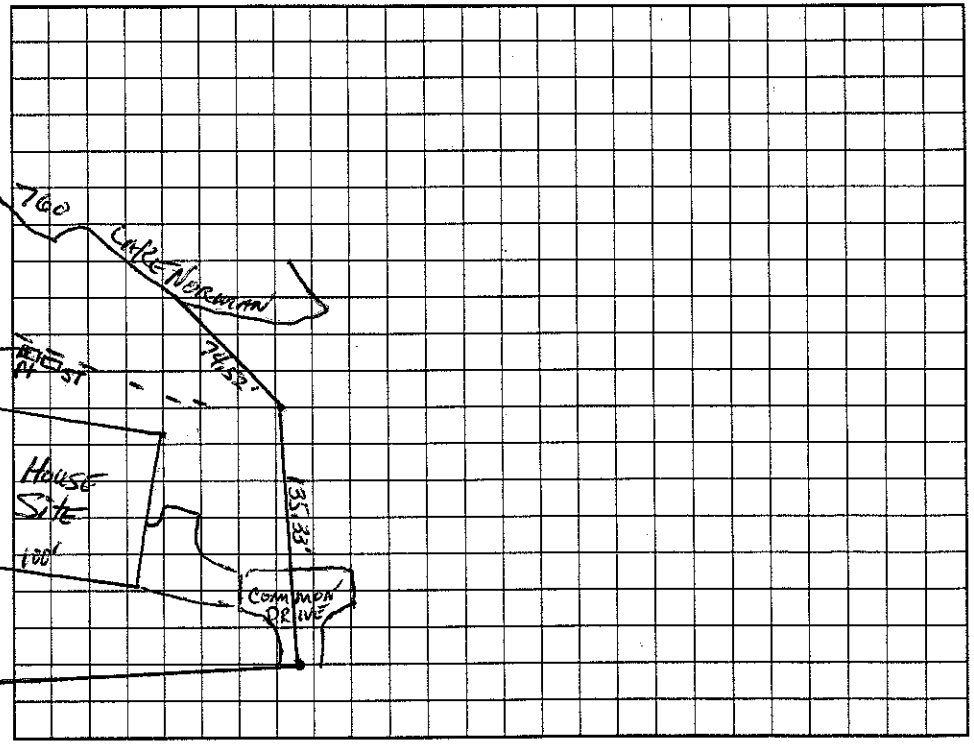
Comments:/Conditions:
EZ Flow lines Checked 7/28/06 & 7/31/06

1"=100'

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 10/10/01
Improvement Permit by: _____ date 10-9-01
Authorization to Construct by: _____ date 3/17/06

Installed by: _____
Operation Permit by: _____ date 12/15/06
Existing System Inspection by: _____ date _____

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