IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101245 PIN# 4625-94-1684.839 4624-49-2772 DATE Oct. 3, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Kenneth Beal PHONE: Business ____ Home ____

ADDRESS P.O. Box 1003, Charlotte 28201

LOCATION Brawley School Rd. TR Broad Sound Ct. on left

SUBDIVISION The Point BLOCK / SECTION 8 LOT 839 LOT AREA 46,056 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 444 Date 2/14/06
Pump Tank: 1000 Gallons; PT 283 Date 11/23/05
Pump Make: Gould's Model WE0312M4H Serial No. 8206431781
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' 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: LPPPBBS
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

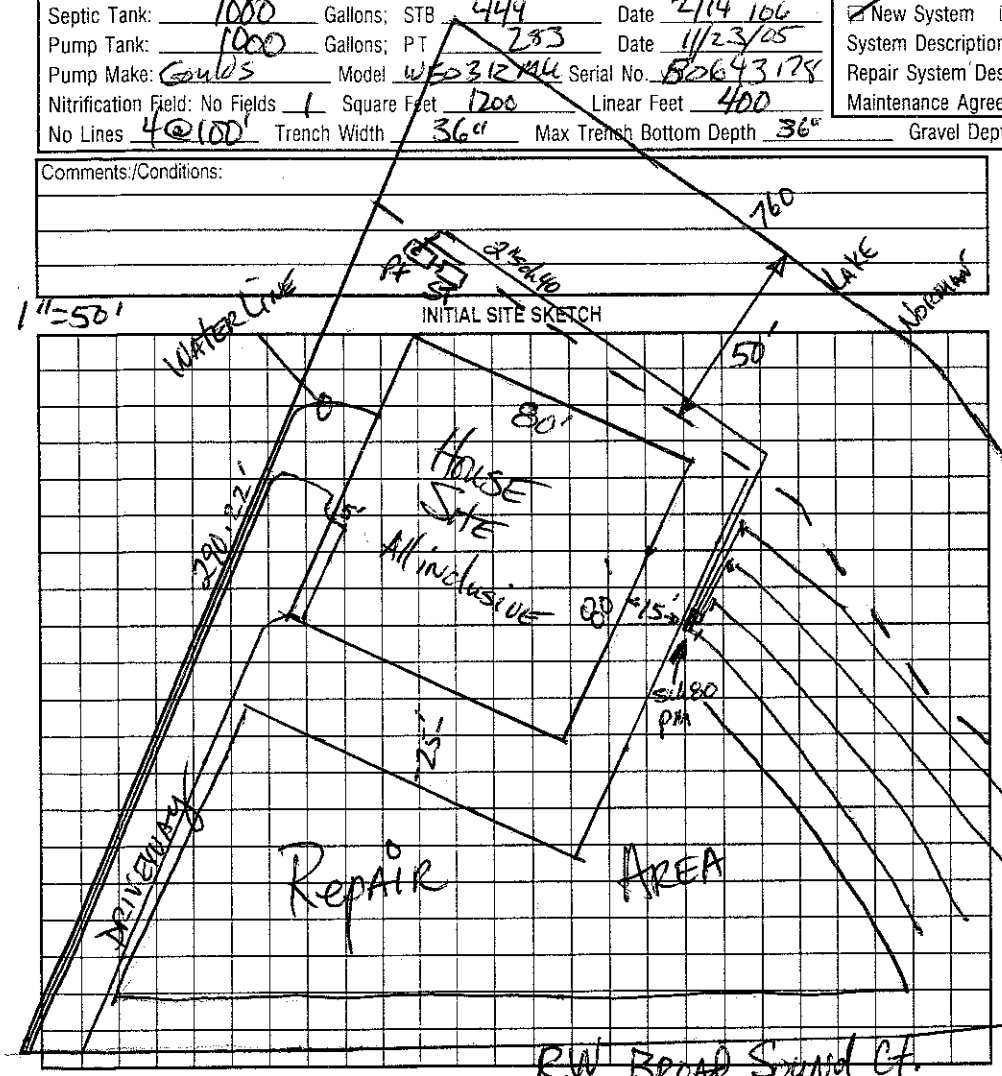
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions:

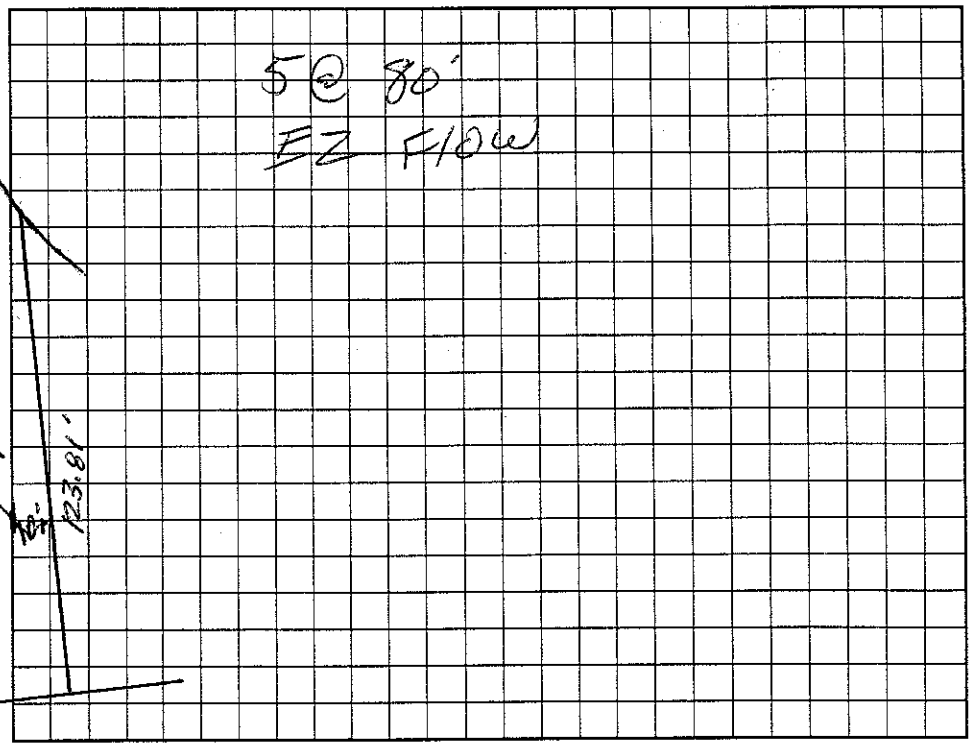
Comments:/Conditions:
Tanks & lines checked by GM 4/5/06
Pressure, elect & alarm checked by MD 6/6/06

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 10/1/01

Improvement Permit by: ____ date 10-3-01

Authorization to Construct by: ____ date 7/26/05

Installed by: Hallman Const. ____

Operation Permit by: ____ RS date 6/6/06

Existing System Inspection by: ____ date ____

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