10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10245 PIN# 4625-94-1684.839 4624-49-2772 DATE Oct. 3, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Kenneth Back PHONE: Business ~~Business~~ Home

ADDRESS P.O. Box 1003, Charlotte 28201 #139

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: Goulds Model WE0312M Serial No. B626 43178
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: LPP PBR
Maintenance Agreement Required: ☐ Yes ☑ No initially

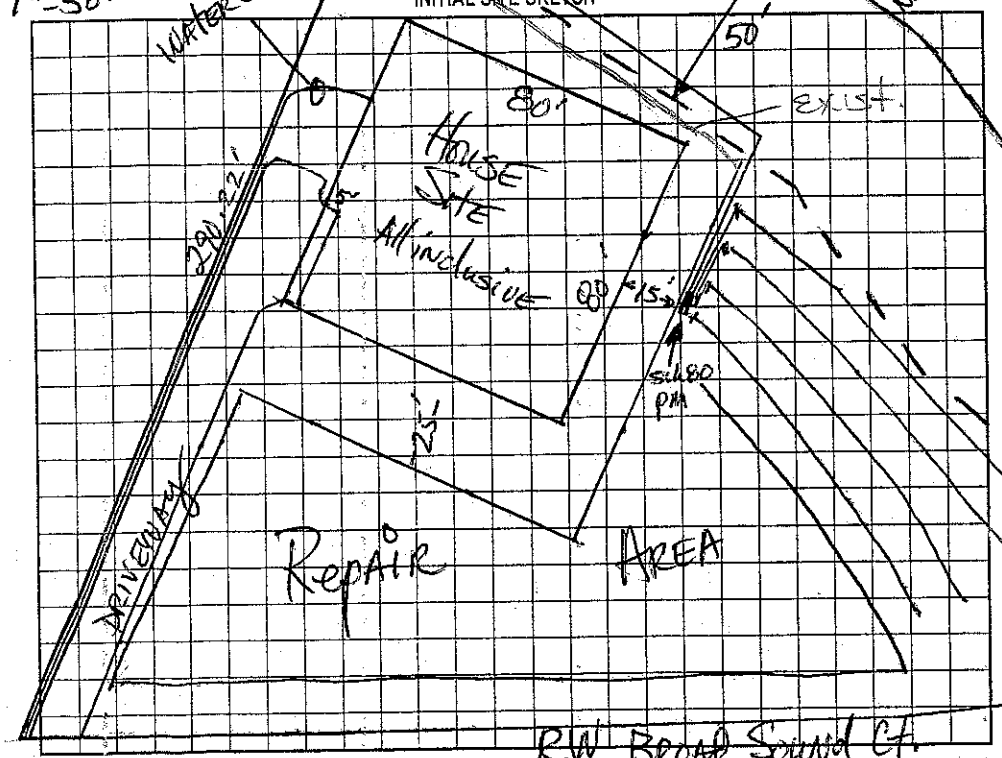
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☑ Community

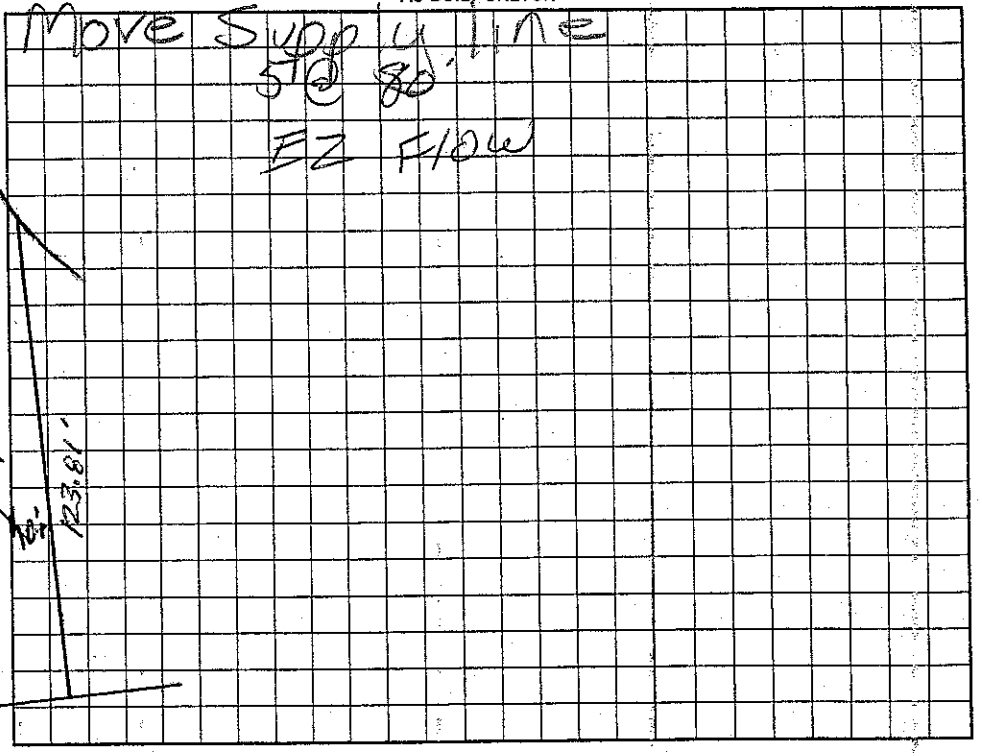
Comments:/Conditions:

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

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 Installed by: Hallman Const.

Improvement Permit by: _____ date 10-3-01 Operation Permit by: _____ date 6/6/06

Authorization to Construct by: _____ date 7/26/05 Existing System Inspection by: _____ date _____

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