3:00

IREDELL COUNTY HEALTH DEPARTMENT

STATE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 102312 PIN# ~~4626627660.845~~ 4624496123 DATE Oct 8, 01

OWNER OR CONTRACTOR Crescent Resources, LLC; 15 Simonini Blvd PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte 28201

LOCATION Brawley School Rd. on Right past Broad Sound Ct.

SUBDIVISION The Point BLOCK / SECTION B LOT 845 LOT AREA 58476 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. 2.3

Septic Tank: 1000 / 1000 Gallons; STB 338 Date 5-20-06

Pump Tank: 1000 Gallons; PT 27 Date 5-29-06

Pump Make Goulds Model WE0312M (Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

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: Stone

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

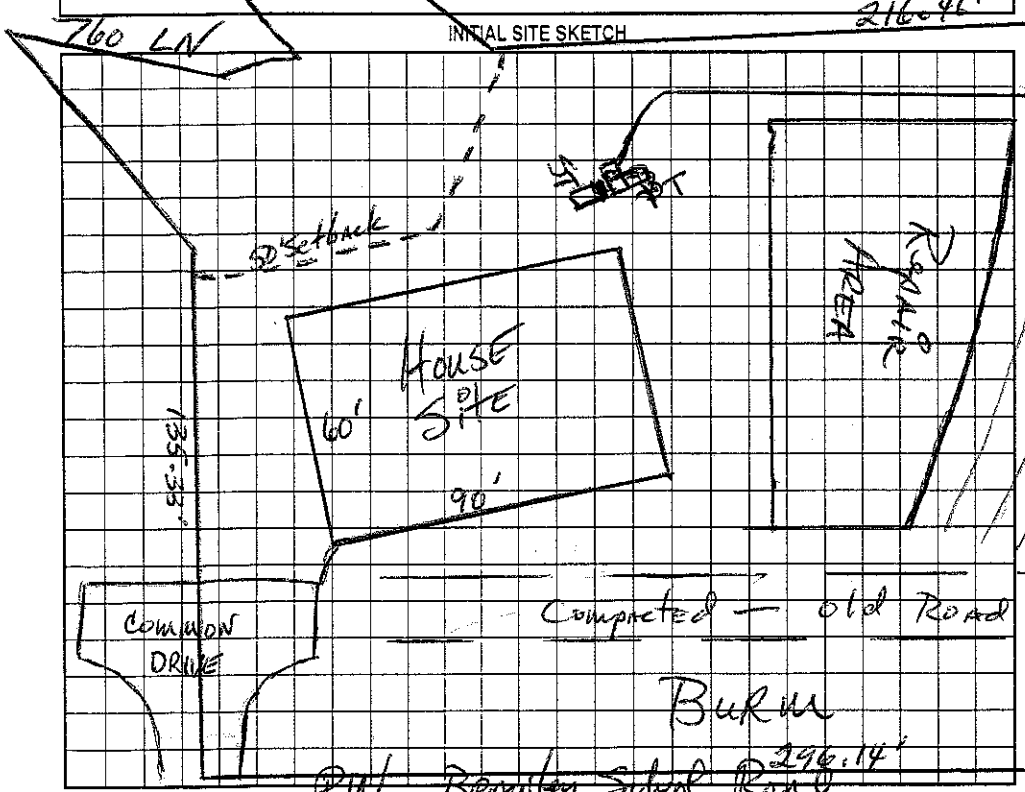
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ~~☐ Community~~

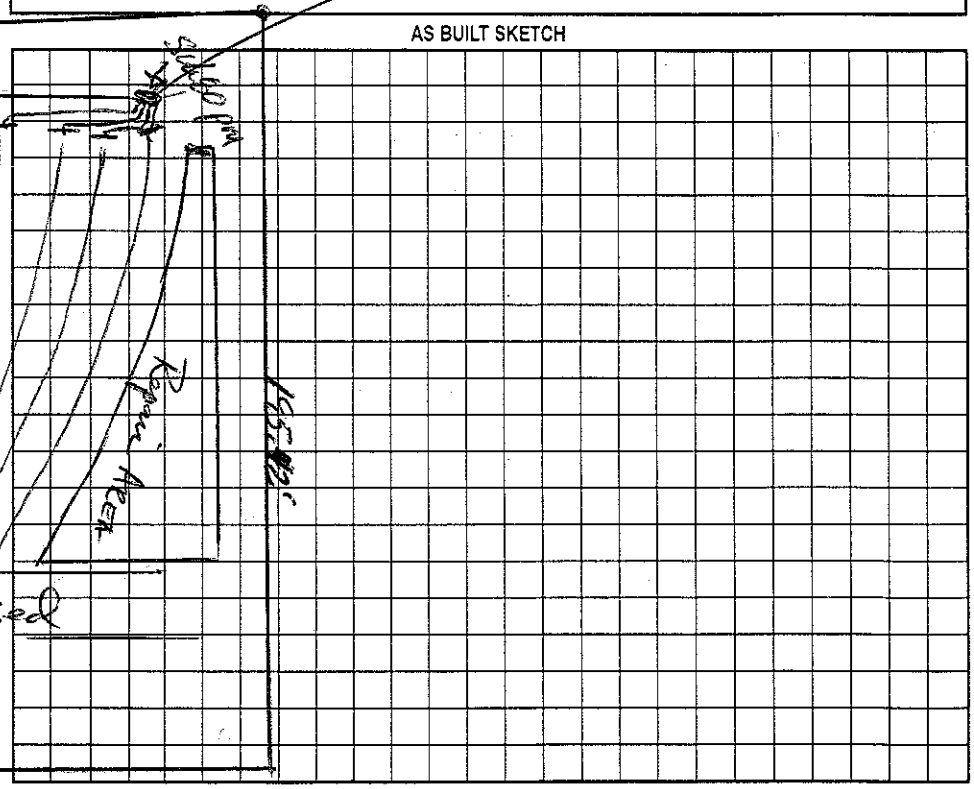
Comments:/Conditions: 1"=50'

Comments:/Conditions: Installed EZ Flow Checked Tanks & Lines 7/11/06 10FT to PC

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: R&H

Improvement Permit by: _____ date 10-8-01 Operation Permit by: _____

Authorization to Construct by: _____ date 2/2/06 Existing System Inspection by: _____

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