IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10124 PIN# 4625-94-1684.843 4624497414 DATE Oct. 5, 01

OWNER OR CONTRACTOR Crescent Resources, Inc. / DEALER HOMES PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte NC 28201

LOCATION Brawley School Rd TR Broad Sound Ct on left at jct w/ Grey Lady Ct.

SUBDIVISION The Point BLOCK / SECTION 8 LOT 843 LOT AREA 36,051 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 336 Date 7/12/04

Pump Tank: 1000 Gallons; PT 363 Date 4/12/04

Pump Make: Gen Eng Model NE05 12HH Serial No. 0646072

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 NA

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: PM - Innovative -25% Red.

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

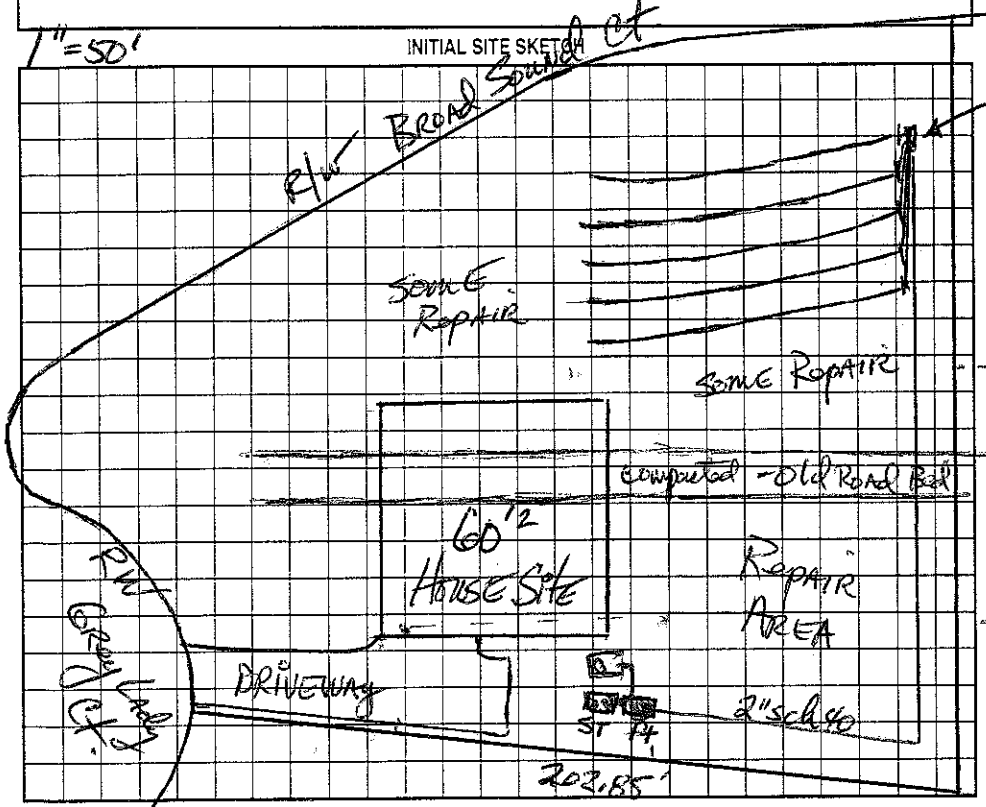
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

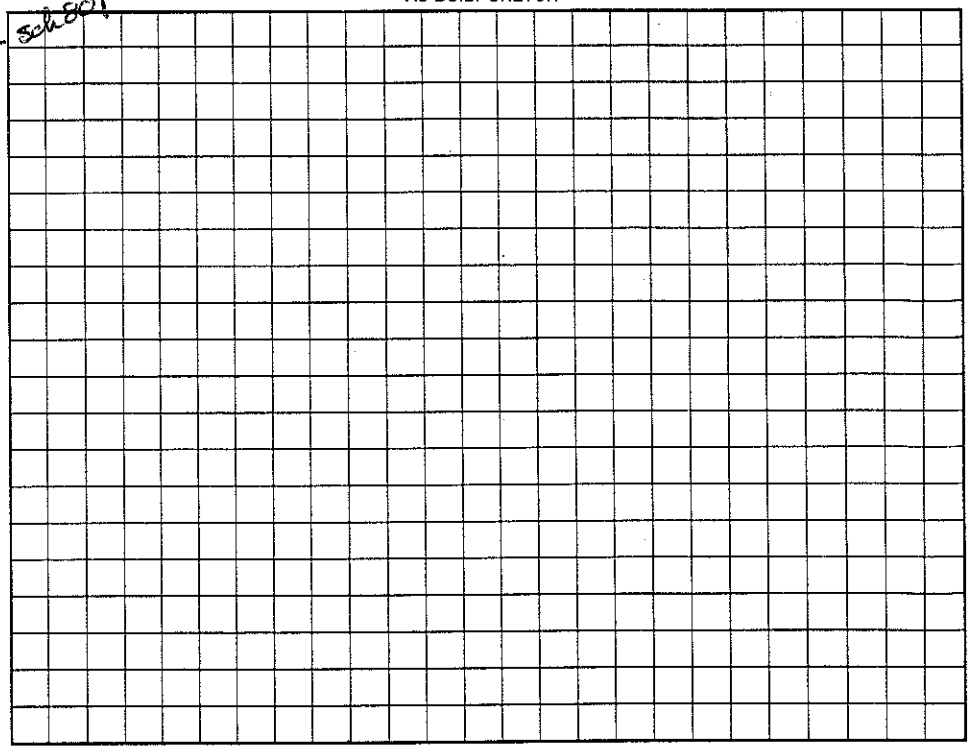
Comments:/Conditions:

Comments:/Conditions:

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: _____, RS date 10-5-01

Authorization to Construct by: _____, RS date 11/6/03

Installed by: Hallman Const.

Operation Permit by: Wesley Sparks R.S. date 12/28/04

Existing System Inspection by: _____ date _____

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