122235

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101233 PIN# 4625-94-1684.830 / GM Helms 4624 499914 DATE Oct 2, 01

OWNER OR CONTRACTOR Crescent Resources Inc / ~~Brookshire Const.~~ PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte N.C.

LOCATION Brawley Sch Rd. TR Lightship Dr. TL Swayne St on Right at jct w/ Thurston Ct

SUBDIVISION The Point BLOCK / SECTION 8 LOT 830 LOT AREA 65,731 +/- SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 6-30-04

Pump Tank: 1000 Gallons; PT 27 Date 7-21-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM Innovative -25% Red

Repair System Description: LPP PBPS

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

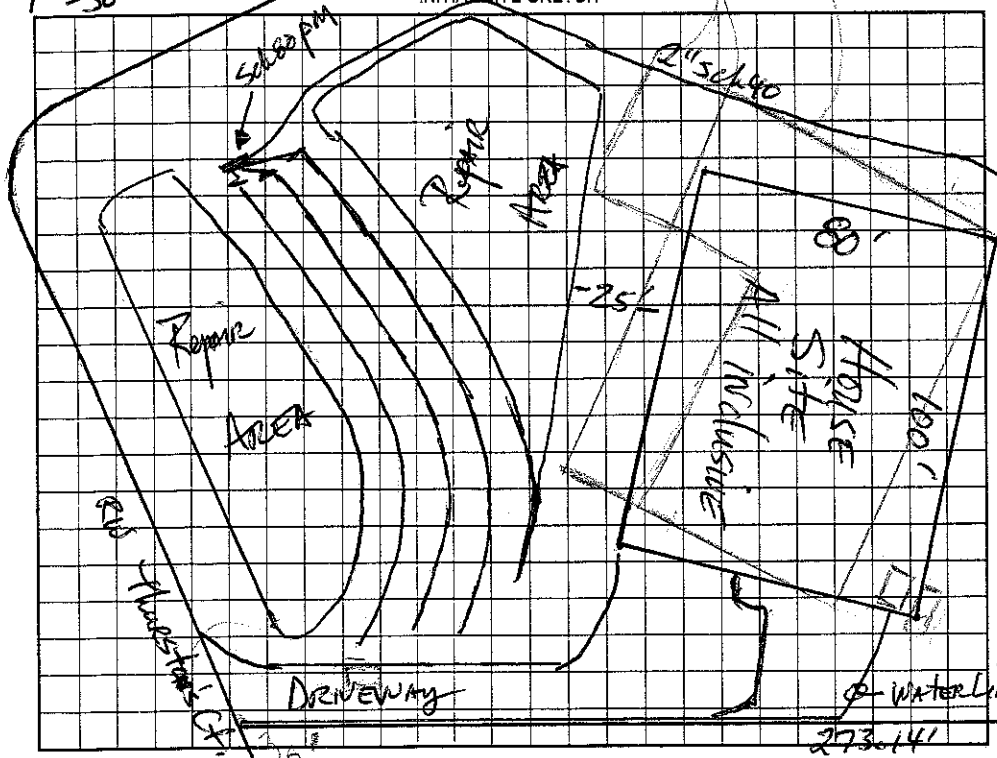
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

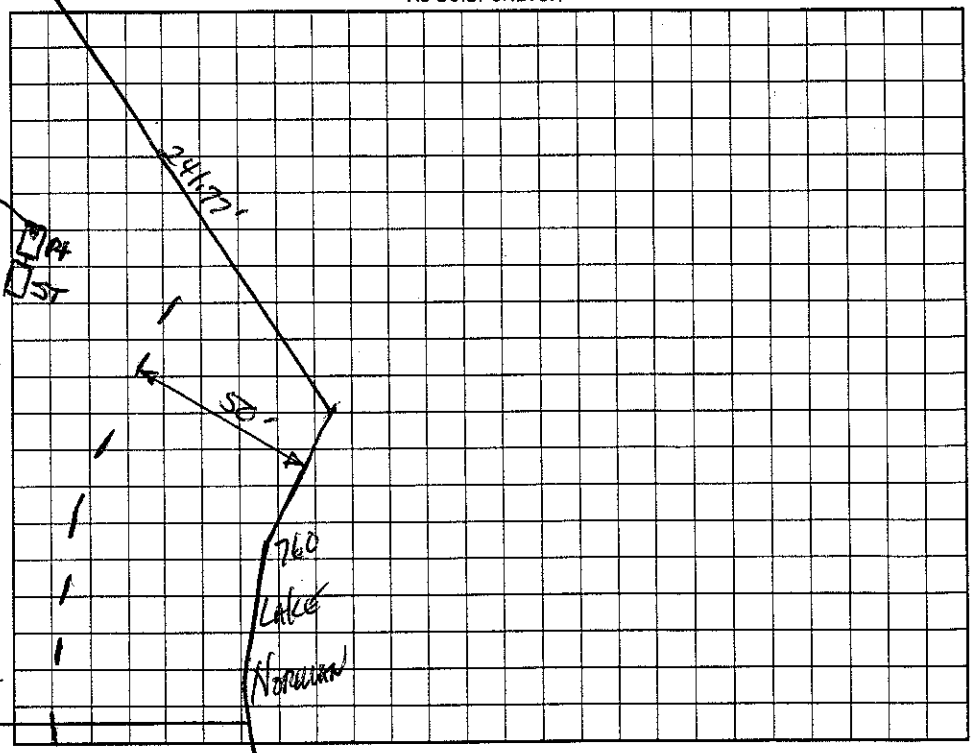
Comments:/Conditions: Note: Permit Switched From Brookshire to GM Helms

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 10/10/01

Improvement Permit by: _____ date 10-2-01

Authorization to Construct by: _____ date 11/4/03

Installed by: R & H RS

Operation Permit by: _____ date 3/30/05

Existing System Inspection by: _____ date _____

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