791-1512 Jamie

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102175 PIN# 4625-94-1648.850 4624592973 DATE Oct. 8, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Kingswood Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1023, Charlotte NC 28201

LOCATION Brawley Sch Rd. TR Lightship Dr. TL Swayne St. on left

SUBDIVISION The Point BLOCK / SECTION 8 LOT 850 LOT AREA 52,673± ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .2-.3

Septic Tank: ~~1000~~/1500 Gallons; STB 338 Date 7/4/04

Pump Tank: 1000 Gallons; PT 37 Date 7/4/04

Pump Make: Myers Model ME 50S-2 Serial No. 16/04

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5@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: pm/LP Innovative - 25% Red

Maintenance Agreement Required: ☐ Yes ☐ No

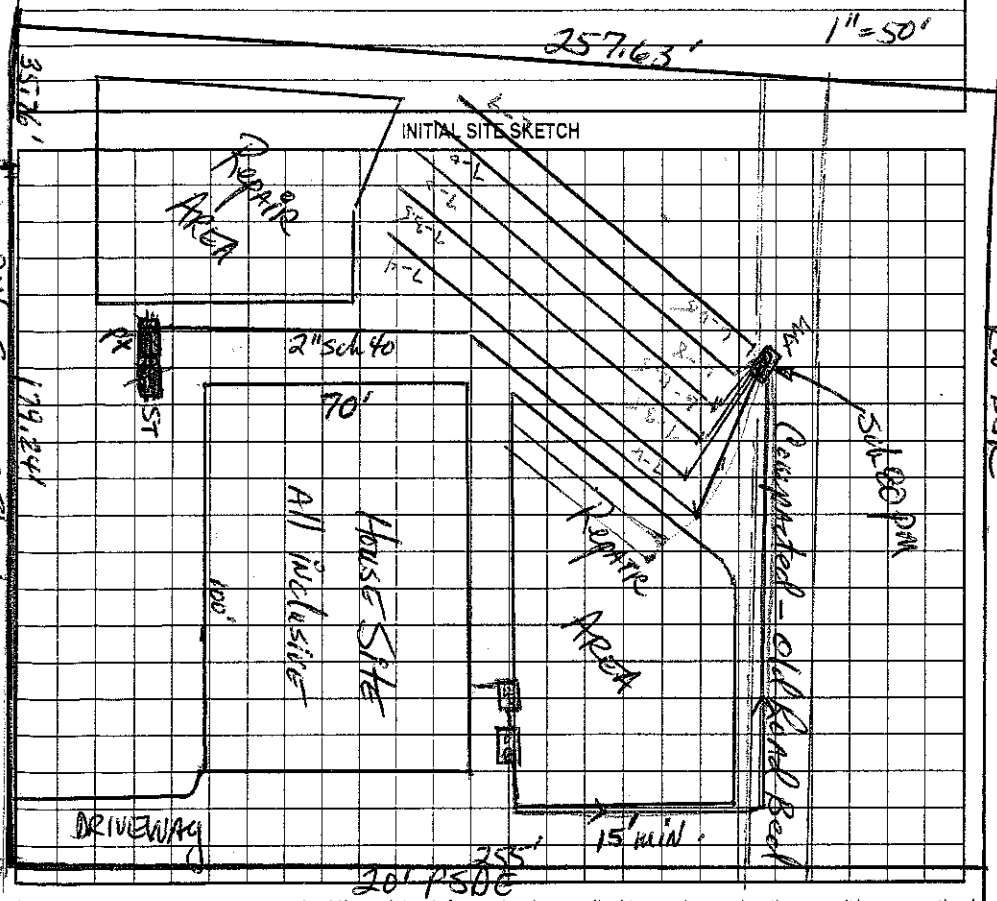
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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: EZ FLOW INSTALLED.

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 10/8/01

Improvement Permit by: _____ date 10-8-01

Authorization to Construct by: Wesley Sparks RS. date 1/30/04

Installed by: Specialty Septic Tank

Operation Permit by: Wesley Sparks RS. date 8/26/04

Existing System Inspection by: _____ date _____

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