IREDELL COUNTY HEALTH DEPARTMENT

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

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

(10:00)

PERMIT# 65695 PIN# ~~4605441684 (Lot)~~ 4625-29-5908 DATE 3/12/99

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC

LOCATION BRAWLEY SCHOOL - TR B-4 HARBOUR - TR SHERYARD PT - ON LT @ JCT W/ CEDAR BLUFF

SUBDIVISION HARBOUR BLOCK / SECTION 6 LOT 52 LOT AREA ~~39,796 sf~~ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6/14/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 @ 50' 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: ORANGY CHAMBERS OR HOS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

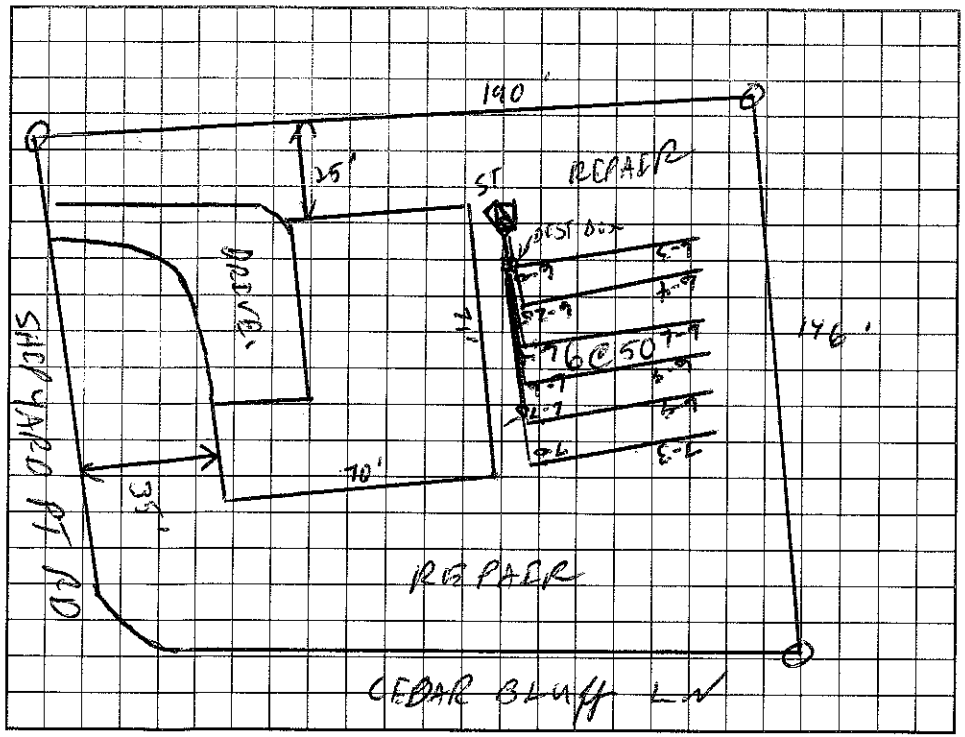
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Kathleen S Cutler date 3-17-99 Installed by: Larry Beam

Improvement Permit by: C. Ray Thomas RS date 3/12/99 Operation Permit by: Wesley Sparks RS. date 8/19/99

Authorization to Construct by: C. Ray Thomas RS date 3/12/99 Existing System Inspection by: _____ date _____

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