IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101231 PIN# ~~4625-84-1684.828~~ 4625-40-7236 DATE Oct 2, 01

OWNER OR CONTRACTOR Crescent Resources dba / Brookshire Const PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte N.C. 28201

LOCATION TR Lightship Drive to end TL Thurston's Ct. on Right Brawley Sch Rd.

SUBDIVISION The Point BLOCK / SECTION 8 LOT 828, 828A LOT AREA 35,606 + 35,009 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 initial; .25 Repair

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 10/26/04

Pump Tank: ~~1000~~ 1500 Gallons; PT 77 Date 10/18/04

Pump Make: Gou.LAS Model Mega-Lo Pump Serial No. L0498529

Nitrification Field: No Fields ____ Square Feet 560/840 Linear Feet 280+

No Lines 6 Trench Width 24" min 8' oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: PSH-Innovative-25% Red on

Maintenance Agreement Required: ☑ Yes ☐ No SPE 828A

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

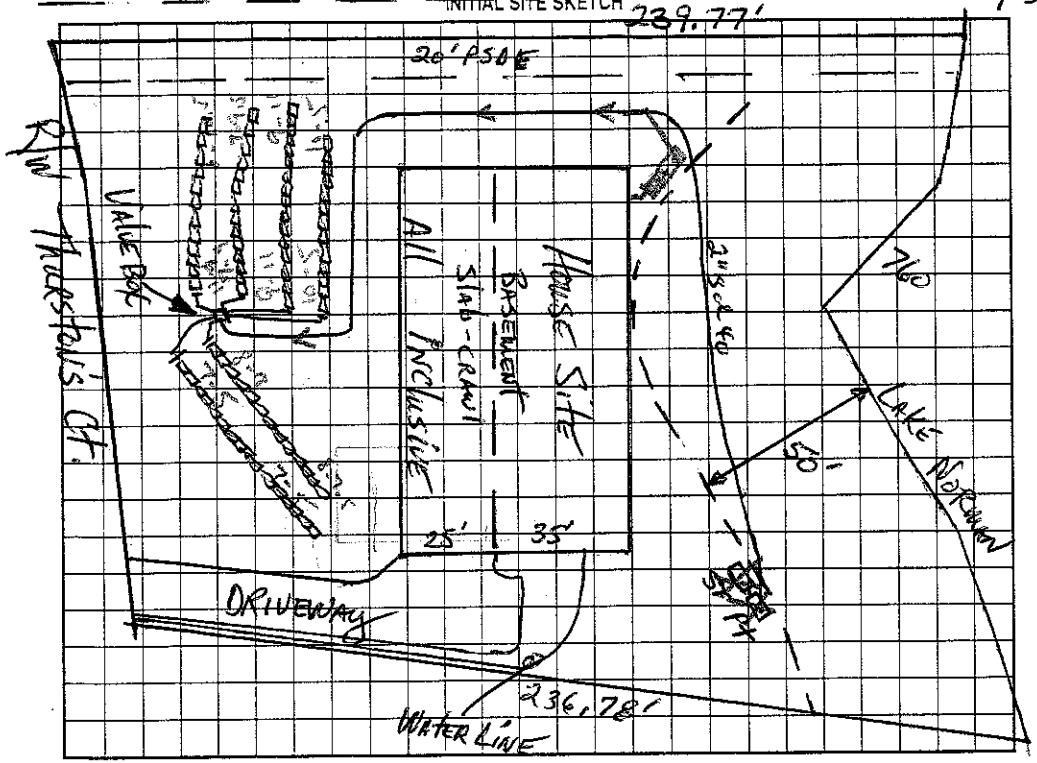
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: OR 36" min 9' oc

Comments:/Conditions: (PARTIAL)

INITIAL SITE SKETCH 1"=50'



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 6/3/03

Installed by: F J Erwin

Operation Permit by: _____ date 3/29/05

Existing System Inspection by: _____ date _____

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