COPY As Built Attached

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101225 PIN# 4625-94-1684.824 #4625500616 DATE October 1, 01

OWNER OR CONTRACTOR Crescent Resources Dev. / Gm Helms PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte NC 28201

LOCATION Brawley Sch Rd. TR Lightship Drive on Right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 824 LOT AREA 49714 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 7-22-05
Pump Tank: 1000 Gallons; PT 283 Date 7-29-05
Pump Make: Myers Model ME 53 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM - Innovative -25% Red.
Repair System Description: LD. Same Panel Blk
Maintenance Agreement Required: ☐ Yes ☑ No

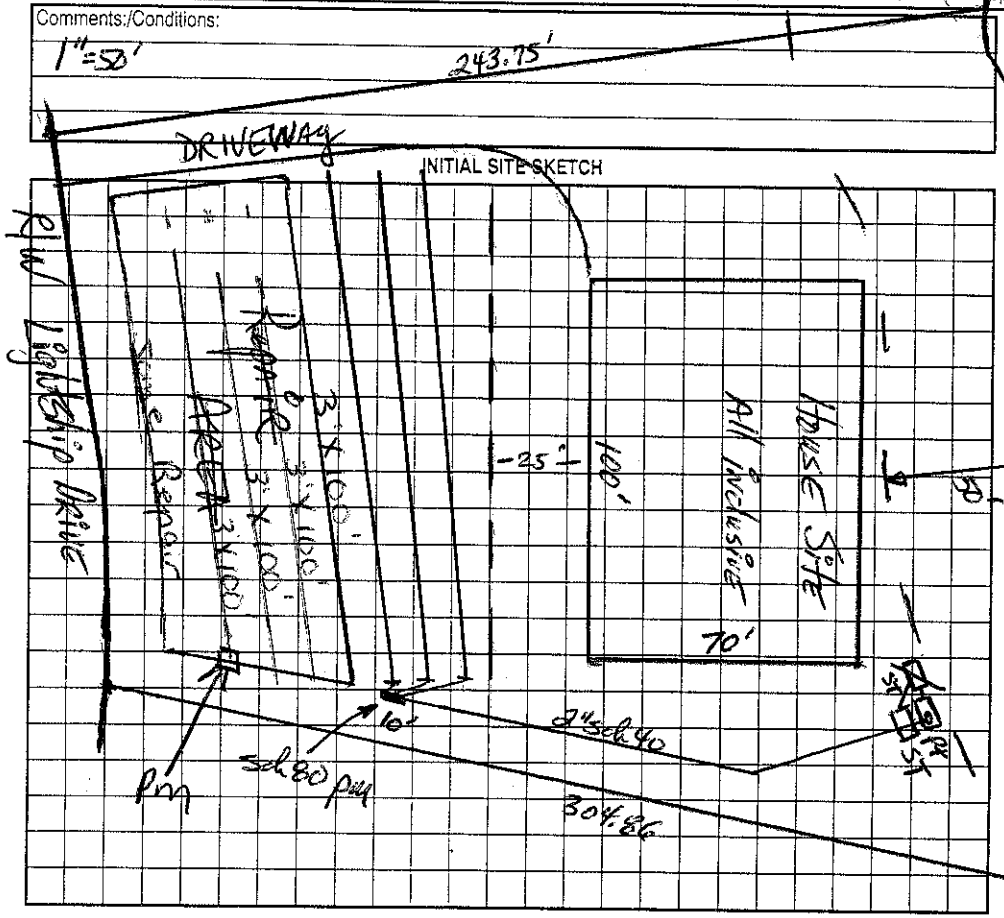
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:
1"=50'

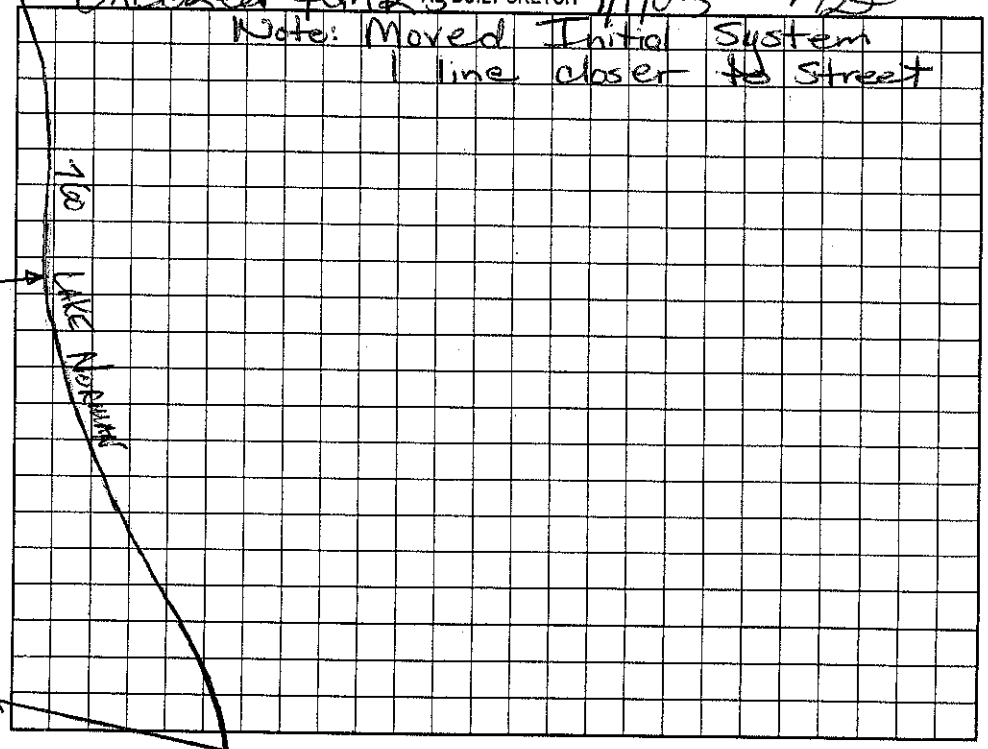
INITIAL SITE SKETCH



Comments:/Conditions: Reviewed House plans & site plan 10/27/04; essentially in Compliance with I.P. Installed in 4-100' lines, Checked lines Checked tank

AS BUILT SKETCH 9/1/05 MD

Note: Moved Initial System 1 line closer to Street



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 Installed by: R&H

Improvement Permit by: _____ date 10-1-01 Operation Permit by: _____ RS date 11/9/05

Authorization to Construct by: _____ RS date 10/27/04 Existing System Inspection by: _____ date _____

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

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As Built

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

PERMIT# 101225 PIN# 4625941684

OWNER OR CONTRACTOR GM Helms DATE

ADDRESS PHONE: Business Home

LOCATION Brawley School Rd TR Lightship Drive on right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 824 LOT AREA SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 338 Date 7-22-05

Pump Tank: 1000 Gallons: PT 283 Date 7-29-05

Pump Make: Model Serial No.

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

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-EZ Flow

Repair System Description:

Maintenance Agreement Required: [ ] Yes [X] No Not Initially

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

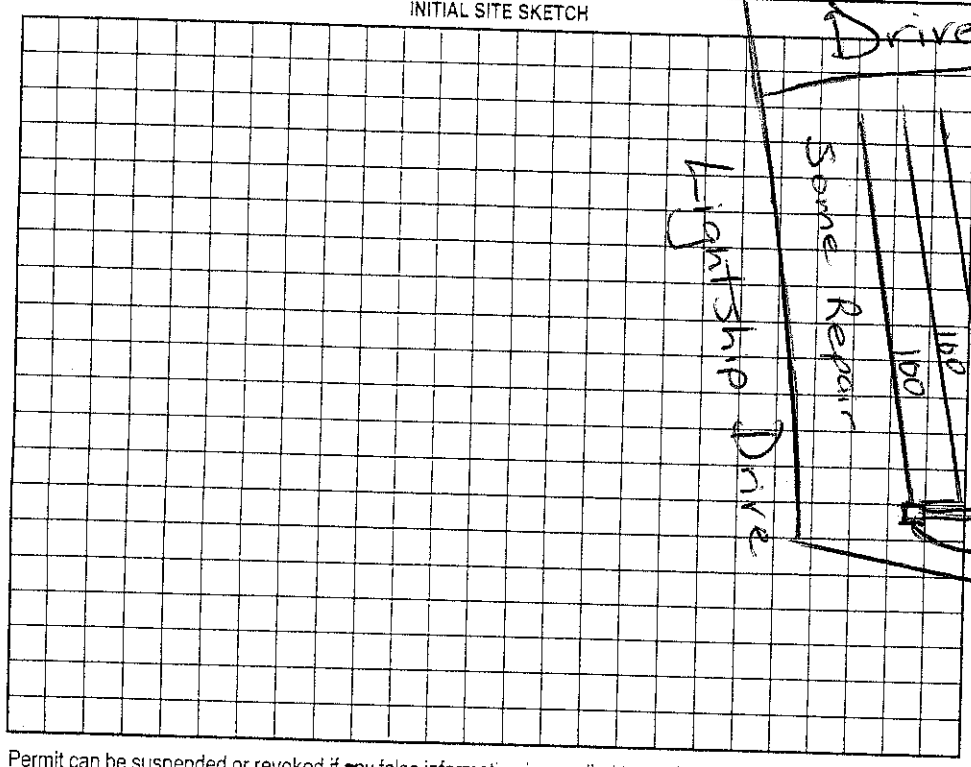
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions: Installed 4 lines @ 100' ea EZ Flow

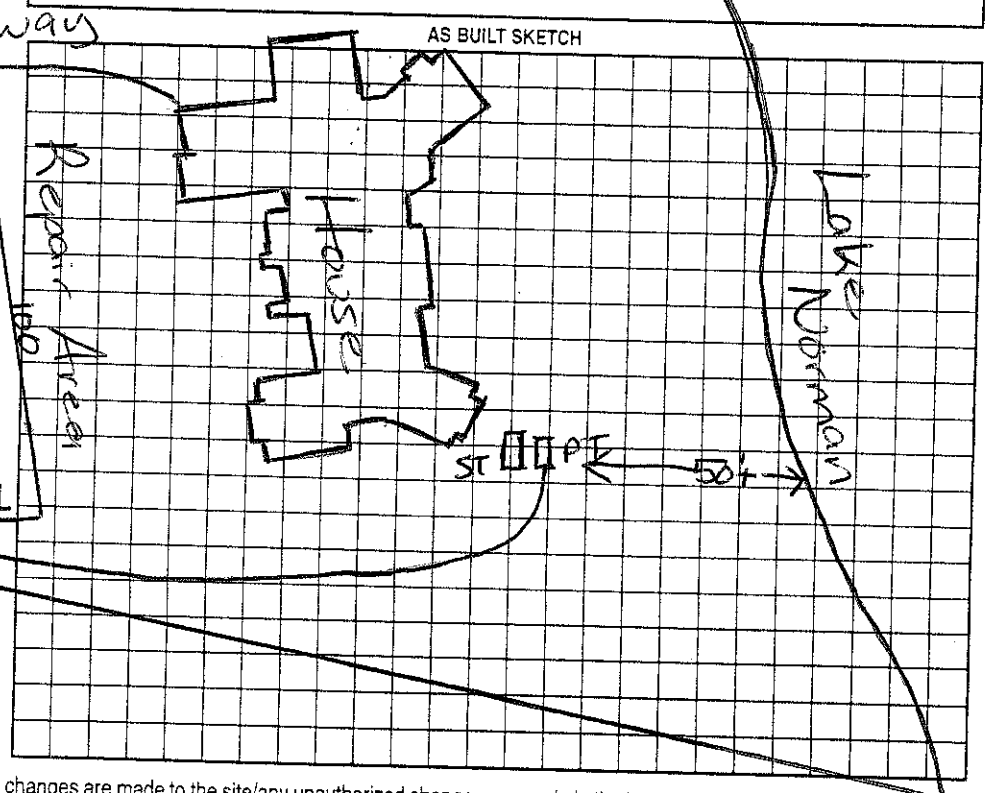
Scale 1:50

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



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Signed: X [signature] date

Improvement Permit by: date

Authorization to Construct by: date

Installed by: R & H

Operation Permit by: [signature] RS date 11/9/05

Existing System Inspection by: date

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