201 2291

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5231

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

Att. Jim

PERMIT# 101264 PIN# 4675 94 1684 .858 4625501157 DATE Oct 9, 01

OWNER OR CONTRACTOR Crescent Resources Inc. KINGSVILLE Homes Business _____ Home _____

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

LOCATION Brawley Sch RD. TR Lightship DRIVE TL Swayne St. 2nd lot on Right

SUBDIVISION The Point BLOCK / SECTION B LOT B58 LOT AREA 36,440 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 initial/.25 Repair

Septic Tank: 1000 Gallons: STB 338 Date 2/7/05

Pump Tank: 1000 Gallons; PT 283 Date 2/10/05

Pump Make: Goulds Model WE0513MH Serial No. B0538784

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 NA

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

System Description: PM-INNOVATIVE -25% Red

Repair System Description: LP PBBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

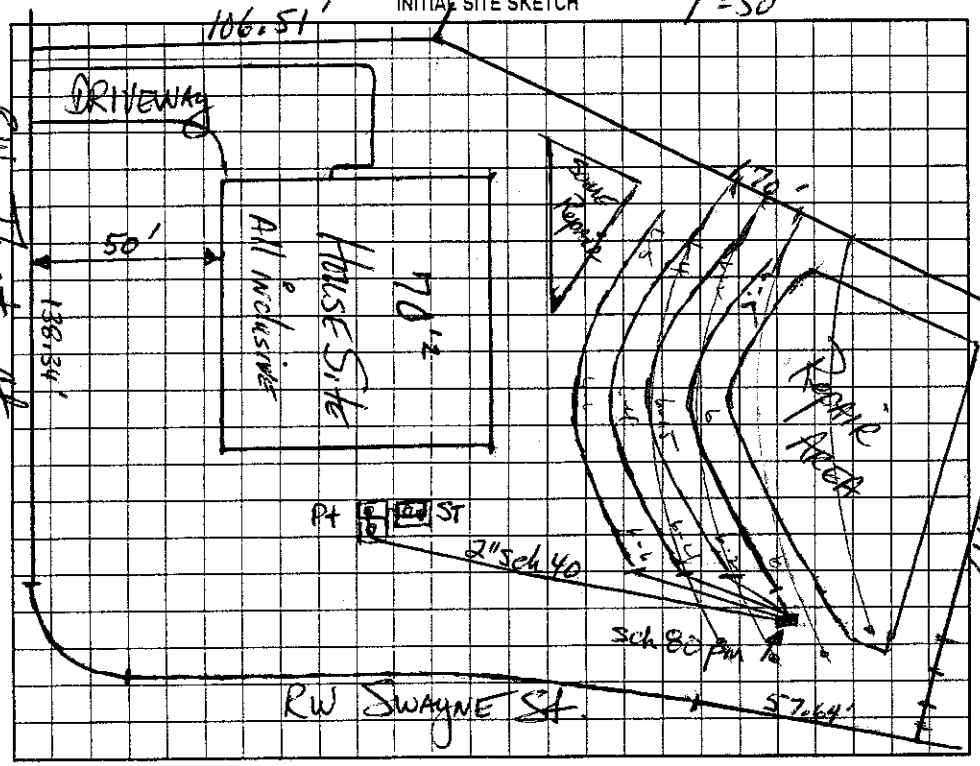
Water Supply: ☐ Individual ☑ ~~Public~~ ☑ Community

down over

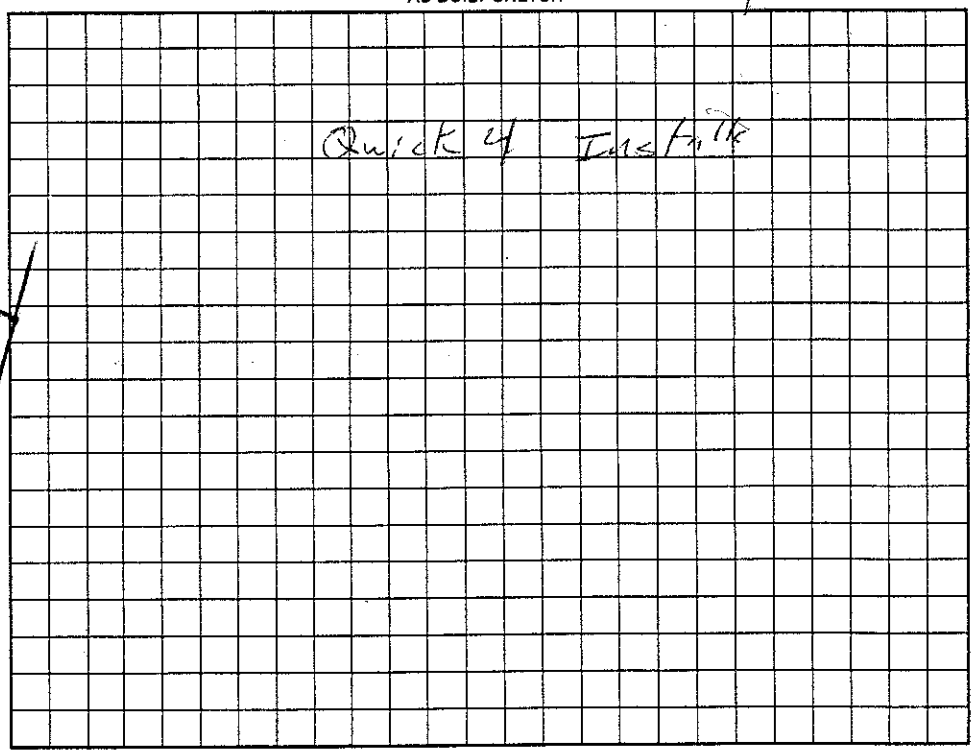
Comments:/Conditions:

Comments:/Conditions: 1st line 52' down 10' over 84, 20'
2nd 67 93, 23'
3rd 76 102
4th 85' 109

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 Installed by: Holloman Construction

Improvement Permit by: _____ date 10-9-01 Operation Permit by: Wesley Sparks RS date 6/1/05

Authorization to Construct by: Wesley Sparks RS. date 9/24/04 Existing System Inspection by: _____ date _____

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