IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101222 PIN# 4625 94 1684.821 4625 50 4607 DATE Sept. 28, 01

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

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

LOCATION Brawley Sch Rd. TR Lighthouse Drive on Right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 821 LOT AREA 43,942 ft² SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/2/02

Pump Tank: ~~1000~~ 1500 Gallons; PT 379 Date 7/2/02

Pump Make: Zoeller Model W.E. 7 1/2 HC Serial No. E025155

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

No Lines 3@134' 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 Innovative or PPBPS

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:

1-10-02 Reviewed houseplan - basement unfinished.

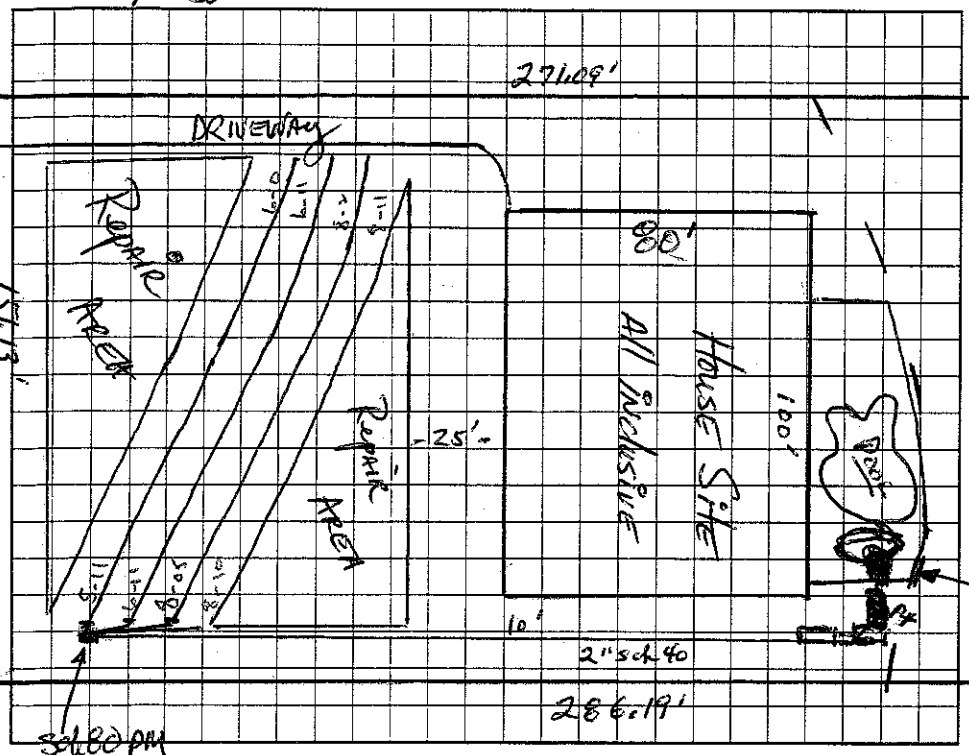
9/25/02 - Willruse 4@100'x3' chg filtration — DRS

Comments:/Conditions: Sprinklers through drainfield area one on top of a drainline

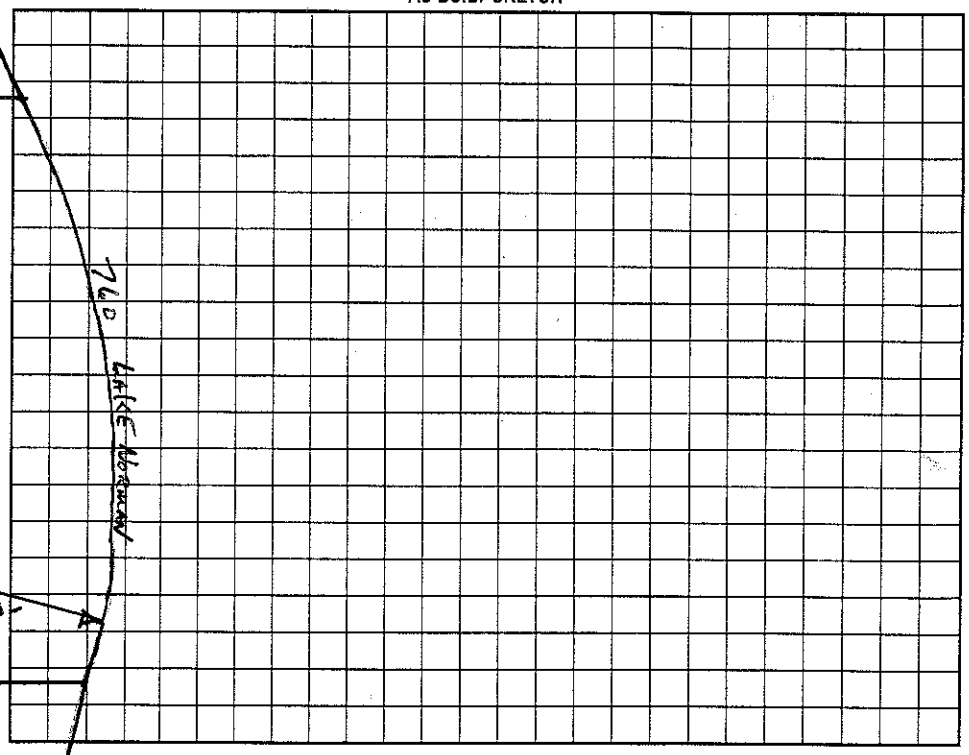
AWS 4@100'x3' installed

1"=50'

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: _____ date 10/10/01 Installed by: Hallman

Improvement Permit by: _____ date 9-28-01 Operation Permit by: Wesley Sparks RS. date 12/2/02

Authorization to Construct by: _____ date 1-10-02 Existing System Inspection by: _____ date _____

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