IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 11:30

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

PERMIT# 101190 / 120771 PIN# 4625-94-1684.810 4625510683 DATE Sept. 17, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Simmons Bros. PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR Heath Land AT END

SUBDIVISION The Point BLOCK / SECTION 8 LOT 810 LOT AREA 87508 ft² SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .125 - .3

Septic Tank: 1500 Gallons; STB 338 Date 12-10-04

Pump Tank: 1500 Gallons; PT 477 Date 12-20-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM - INNOVATIVE - 25% Red.

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5/5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees _____

☐ Other _____

Gravel Depth N/A ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

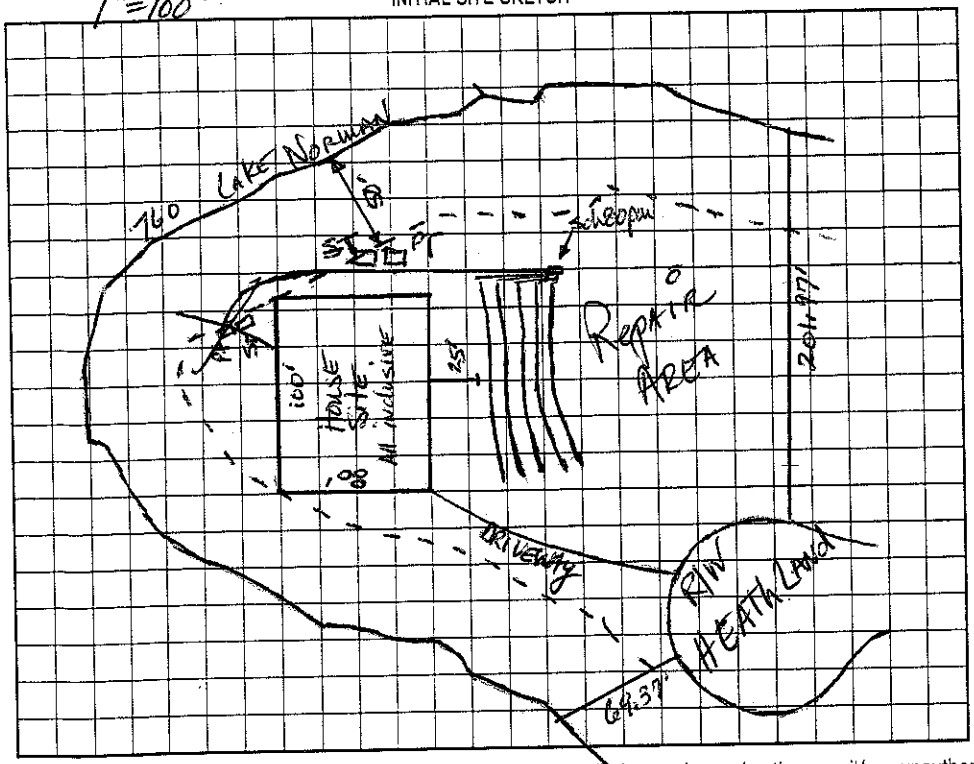
Comments:/Conditions:

Comments:/Conditions: Lines Checked 12/21/04 mD

Tanks Checked 1/25/05 mD

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Flow Installed as Drawn

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 9-17-01

Authorization to Construct by: _____ date 4/16/04

Installed by: R & H RS

Operation Permit by: _____ date 5/6/05

Existing System Inspection by: _____ date _____

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