IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101189 PIN# 4625-94-1684.809 4625-51-3663 DATE September 17, 01

OWNER OR CONTRACTOR Crescent Resources Inc. (DIENST CONST) PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR Heathland on Right at end

SUBDIVISION The Point BLOCK / SECTION 8 LOT 809 LOT AREA 34,545 ft² SITE CLASS. A DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 4-05-03

Pump Tank: 1000 Gallons; PT 27 Date 4-05-03

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM Innovative -25% Reduction

Repair System Description: LPP per SN 811-809A

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

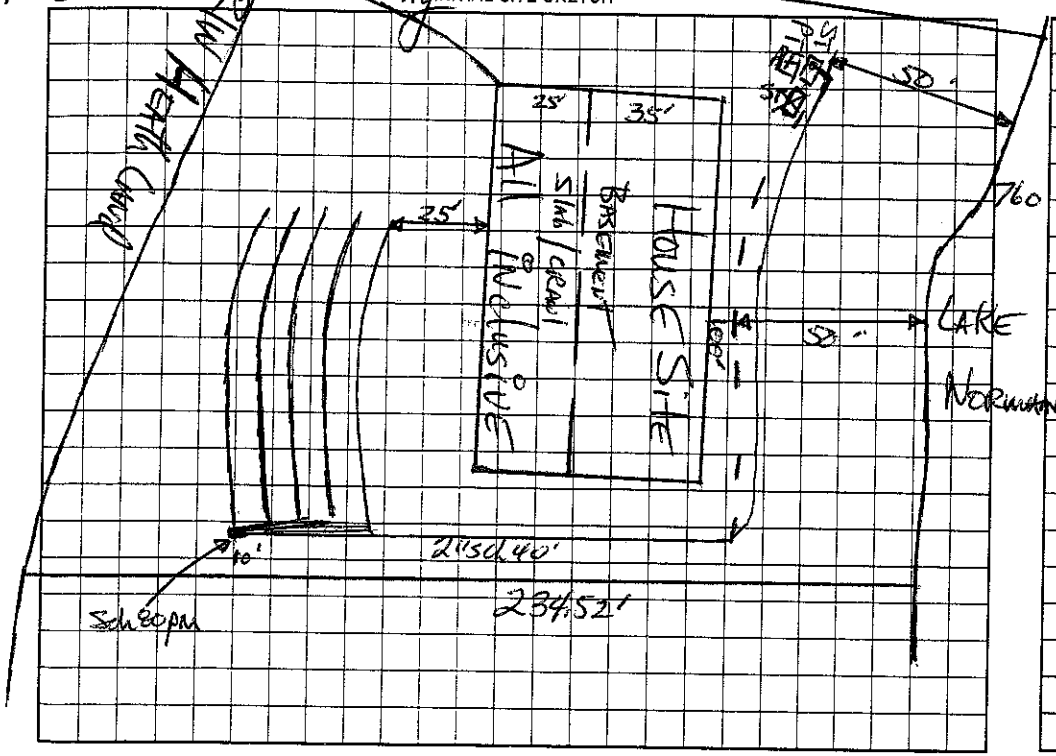
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 8/21/02 Reviewed plans - system complies with bedroom requirements, AWS

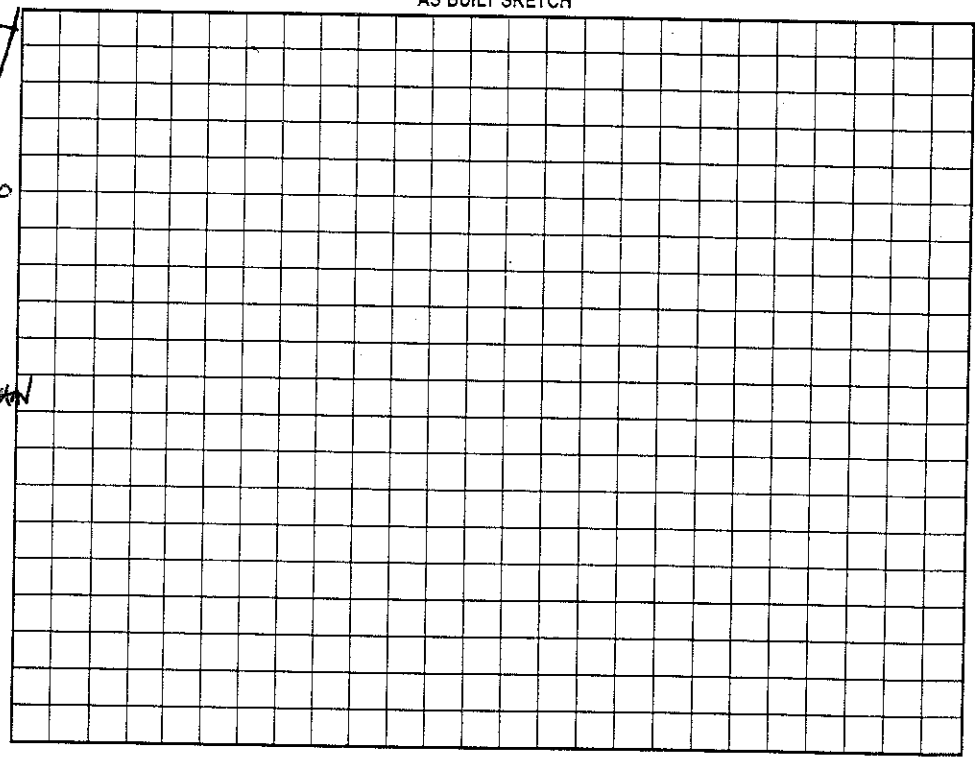
Comments:/Conditions: (PARTIAL) Tanks Checked 5/12/03 Lines Checked 5/13/03 MJ

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 9-17-01

Authorization to Construct by: _____ date 8/21/02

Installed by: R&H Inc

Operation Permit by: _____ date 6/18/03

Existing System Inspection by: _____ date _____

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