IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101193 PIN# 4675 94 1684 .812 4625517379 DATE Sept 24, 01

OWNER OR CONTRACTOR Crescent Resources Inc / L K Norman Signature Phone: Business Home

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

LOCATION Brawley Sch Rd. TR Heath Land on left

SUBDIVISION The Point BLOCK / SECTION B LOT 812 LOT AREA 47,030 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 4-30-05

Pump Tank: 1000 Gallons; PT 27 Date

Pump Make: Gould Model WE0312H6 Serial No. F0563179

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: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

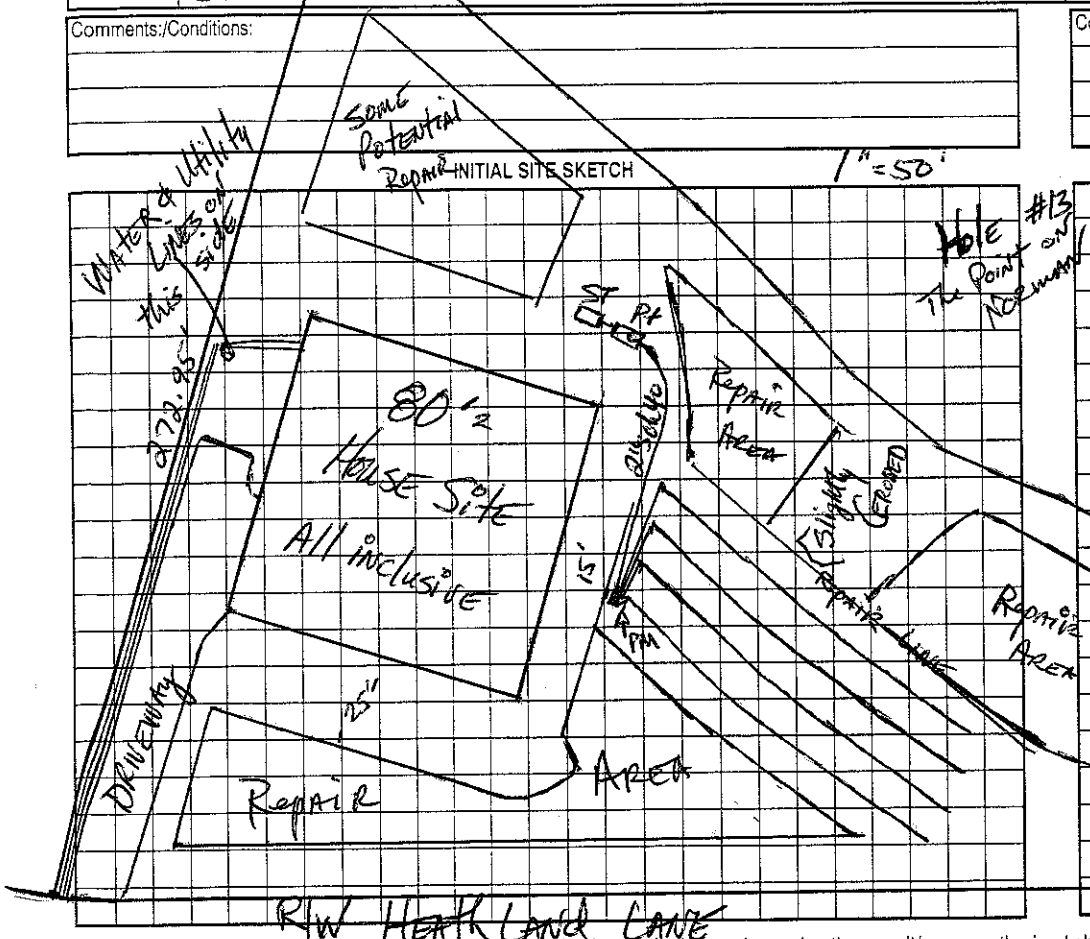
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

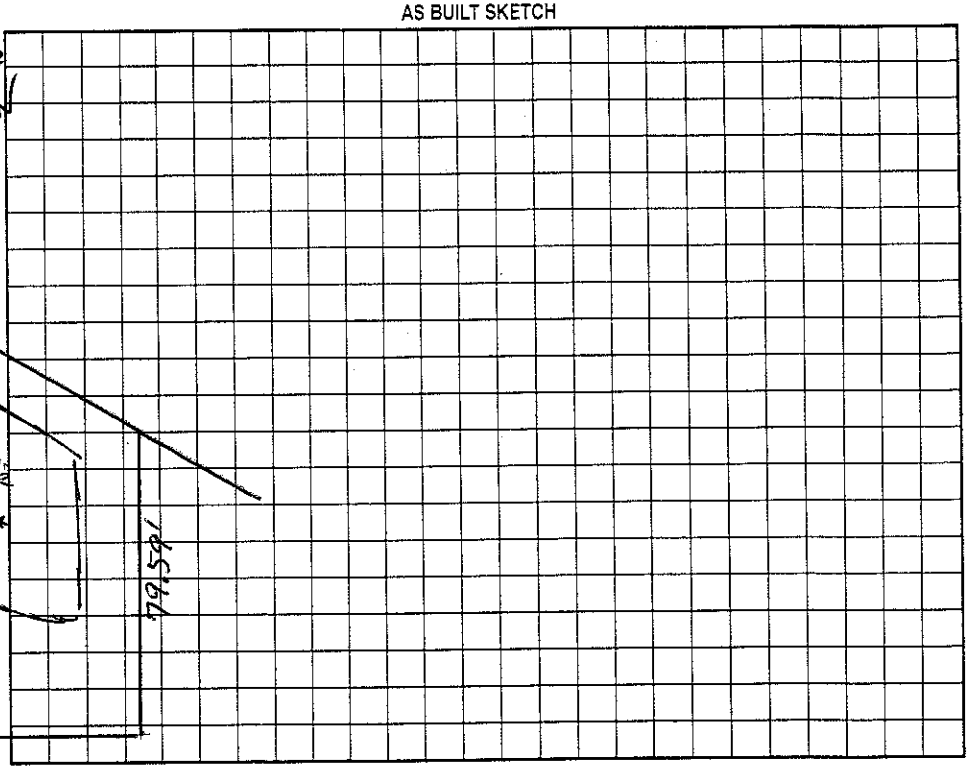
Comments:/Conditions:

Comments:/Conditions: Reviewed Floor plans & site plans 11/4/04; essentially in compliance with I.P.

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: [signature] date 10/1/01

Improvement Permit by: [signature] RS date 9-21-01

Authorization to Construct by: [signature] RS date 11/4/04

Installed by: Hallman Const.

Operation Permit by: [signature] RS date 7/13/05

Existing System Inspection by: date

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