IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10212 PIN# 4625-94-1684 .813 4625 51 9345 DATE Sept-21-01

OWNER OR CONTRACTOR Crescent Resources Inc. / Kingswood Homes PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR HEATHLAND LANE RN left 127 Heathland Ln.

SUBDIVISION The Point BLOCK SECTION 8 LOT 813 LOT AREA 55,630 sf SITE CLASS. AS DESIGN FLOW 480gpd L.T.A.R. No. 3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 5/13/02

Pump Tank: 1000 Gallons; PT 29 Date 5/12/02

Pump Make: Gould Model WE0-712HC Serial No E025570

Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PM - CONVENTIONAL

Repair System Description: PM/LP INNOVATIVE-22

Maintenance Agreement Required: ☐ Yes ☑ No Rec.

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

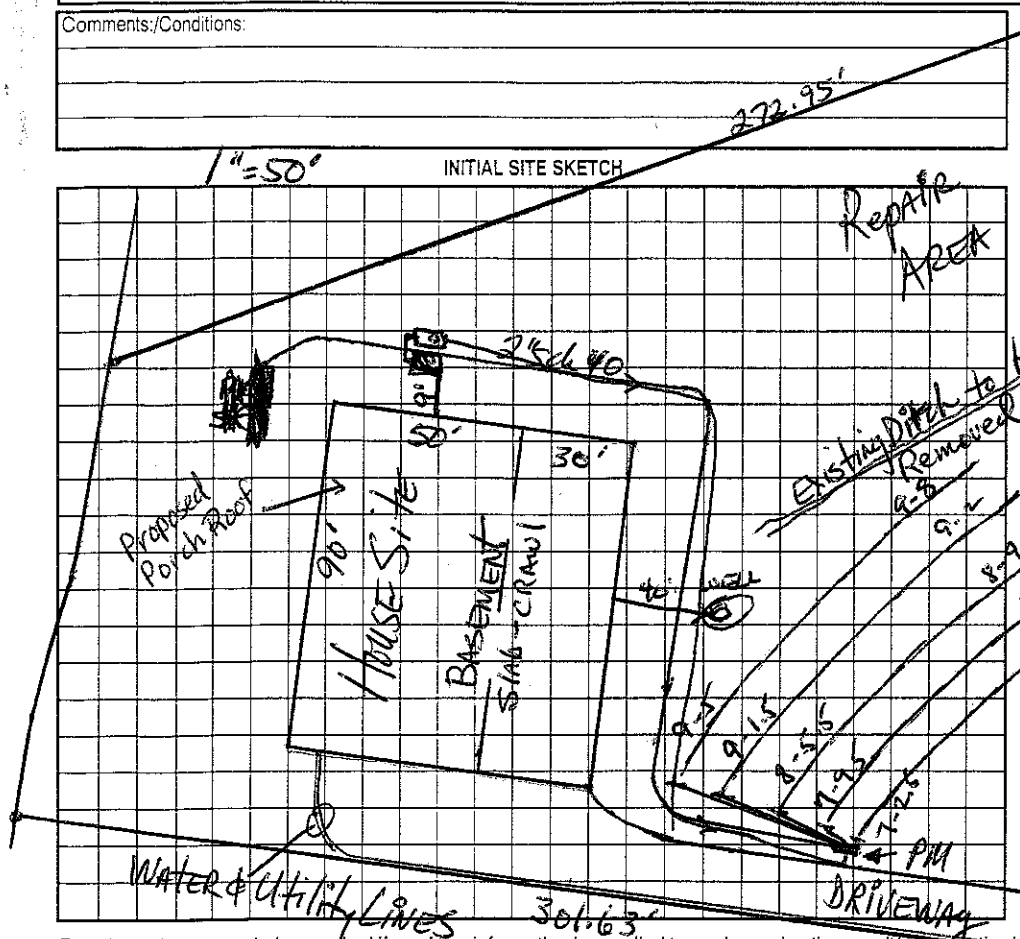
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

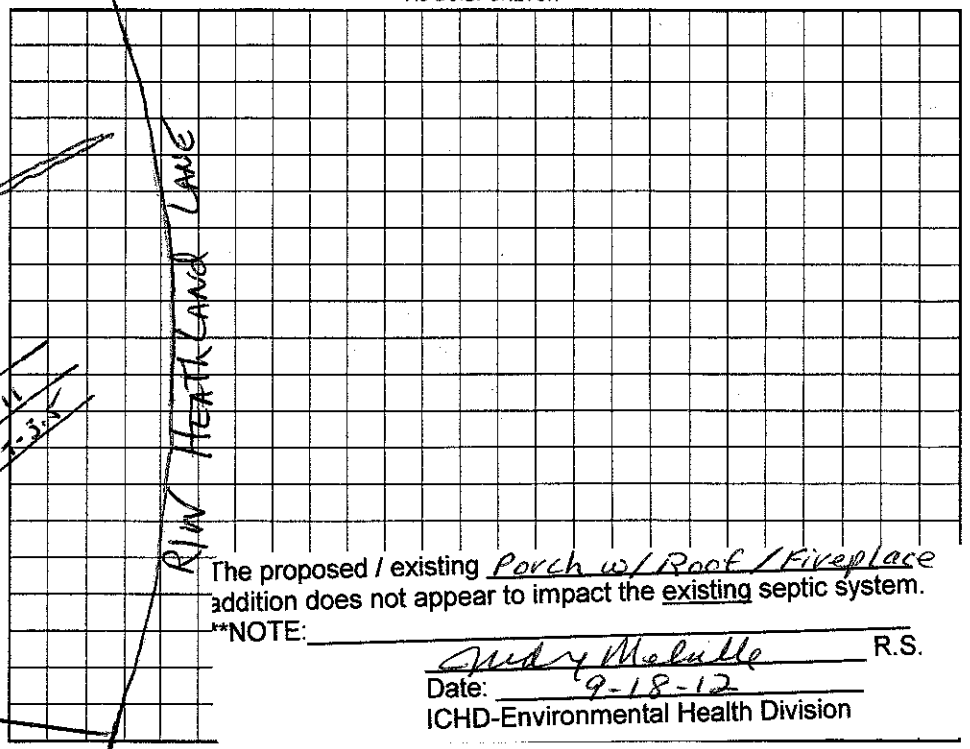
Comments:/Conditions: (PARTIAL)

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH



The proposed / existing Porch w/ Roof / Fireplace addition does not appear to impact the existing septic system.

**NOTE: _____

Judy Melville R.S.

Date: 9-18-12

ICHD-Environmental Health Division

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 9-21-01

Authorization to Construct by: _____ date 12/6/01

Installed by: Hallman Const.

Operation Permit by: Wesley Sparks R.S. date 7/23/02

Existing System Inspection by: _____ date _____

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