IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094949 PIN# 4625 94 (684 Gt) 4625752-2561 DATE June 14 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Brookshire PHONE: Business 704 895 5120 Home

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Brawley School Road TR Attleboro TL Rehoboth on left NEAR END

SUBDIVISION The Point BLOCK / SECTION 7 LOT 728/728A LOT AREA 27594+ 26058 ft² SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. ~.25

Septic Tank: 4000/1500 Gallons; STB 358 Date 3/19/03
Pump Tank: 1000 Gallons; PT 383 Date 3/15/03
Pump Make: Zoeller Model WE15/2514 Serial No. C036249?2
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm Innovative 25% Red. on 728A
Repair System Description: LP Innovative on 728A
Maintenance Agreement Required: ☐ Yes ☑ No initially

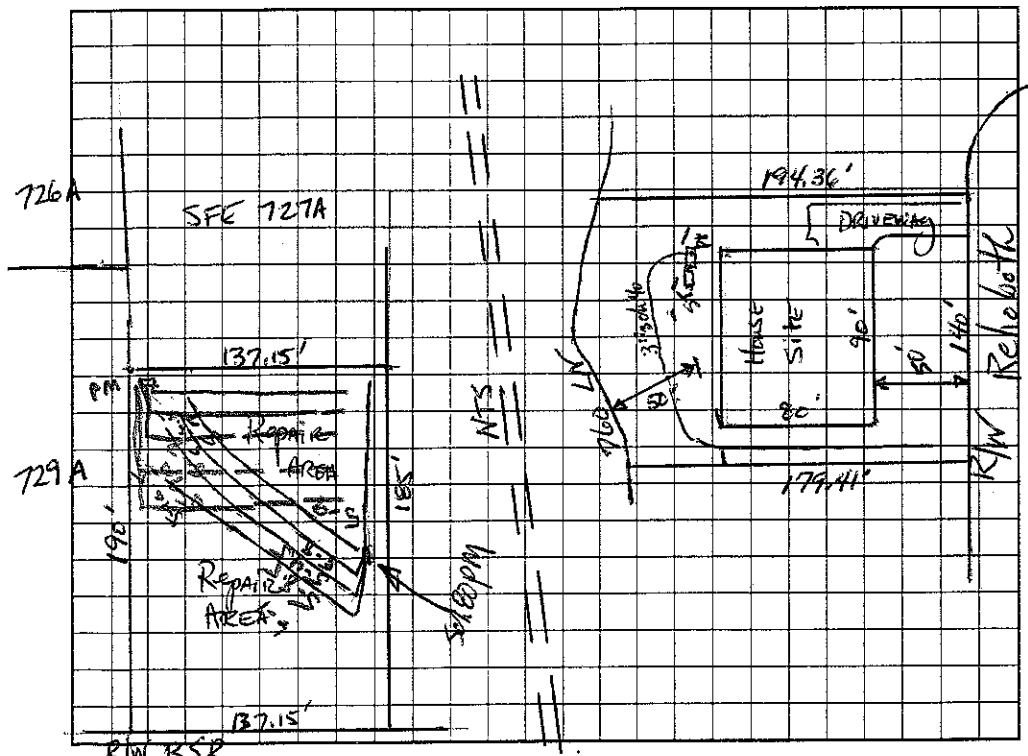
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:
36" minimum trench bottom depth.

Comments:/Conditions: E2 FLOW INSTALLED

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: [signature] date 6-15-01 Installed by: Hallman Const.

Improvement Permit by: [signature], RS date 6-14-01 Operation Permit by: [signature], RS date 7/25/03

Authorization to Construct by: [signature] RS date 5/9/02 Existing System Inspection by: date

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