$125

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 04950 PIN# 4625 94 1684 (pt.) 4625523450 DATE June 14 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Dibble Custom Homes PHONE: Business Home

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Crawley Sch Rd. TR Athlebero TL Rehoboth on left NEAR END

SUBDIVISION The Point BLOCK / SECTION 7 LOT 729/729A LOT AREA 25177+35151 ft² SITE CLASS. PSSFE DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 1/18/05
Pump Tank: 1000 Gallons; PT 27 Date 12/28/04
Pump Make: Gous Model WEG-1012 Serial No. L0480528
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
Repair System Description: LP INNOVATIVE 729A
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

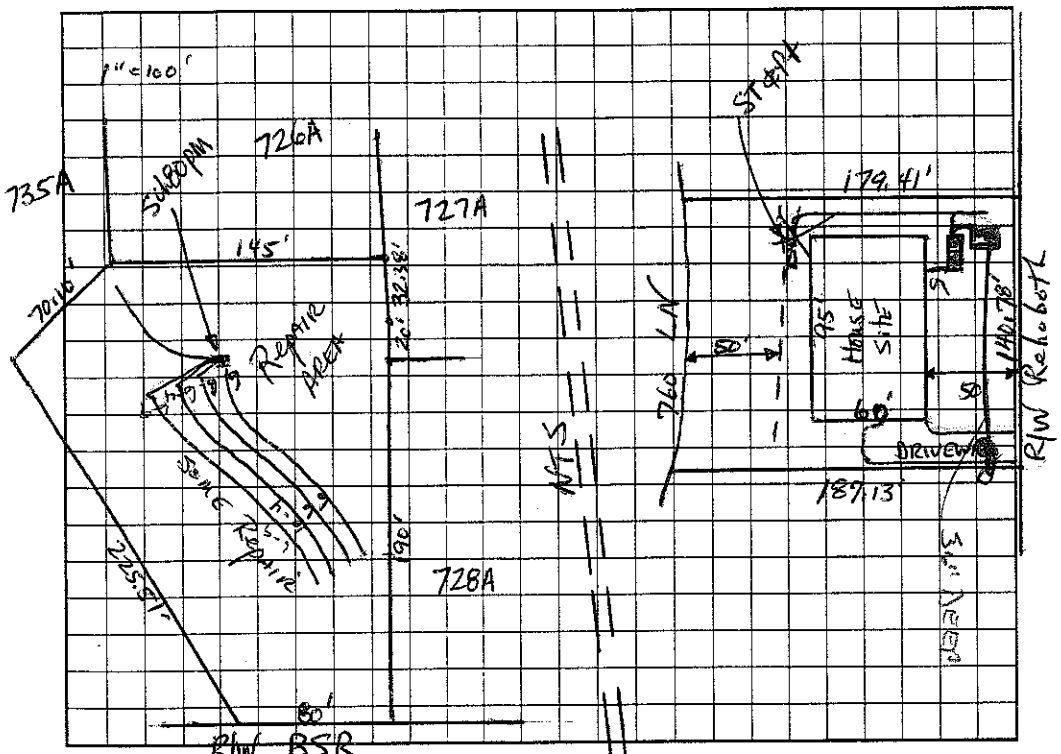
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 36" Minimum Trench bottom depth.

Changing Tank Location - 10/25/04 C. Dibble

Comments:/Conditions:

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: RSC date 6-15-04

Improvement Permit by: Mark R. Hanson RS date 6-14-01

Authorization to Construct by: RS date 6/4/04

Installed by: Orbison Const.

Operation Permit by: Wesley Sparks RS date 3/1/05

Existing System Inspection by: date

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