CJM 8/25

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094952 PIN# 4625 94 1684 (pt) Stake Homes 4625 52 4219 DATE June 14, 01

OWNER OR CONTRACTOR Crescent Resources Inc // Eaker Bowman Signature PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Brawley Sch Rd. TR Attleboro TL Rehoboth on left

SUBDIVISION The Point BLOCK / SECTION 7 LOT 730/730A LOT AREA 25,122 + 40857 ft² SITE CLASS PS SFE DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank 1500/1000 Gallons; STB 358 Date 8/5/02

Pump Tank: 1000 Gallons; PT 283 Date 8/18/02

Pump Make Gould's Model WE1512HU Serial No. 5026344

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6 @ 70' 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. on 730A

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

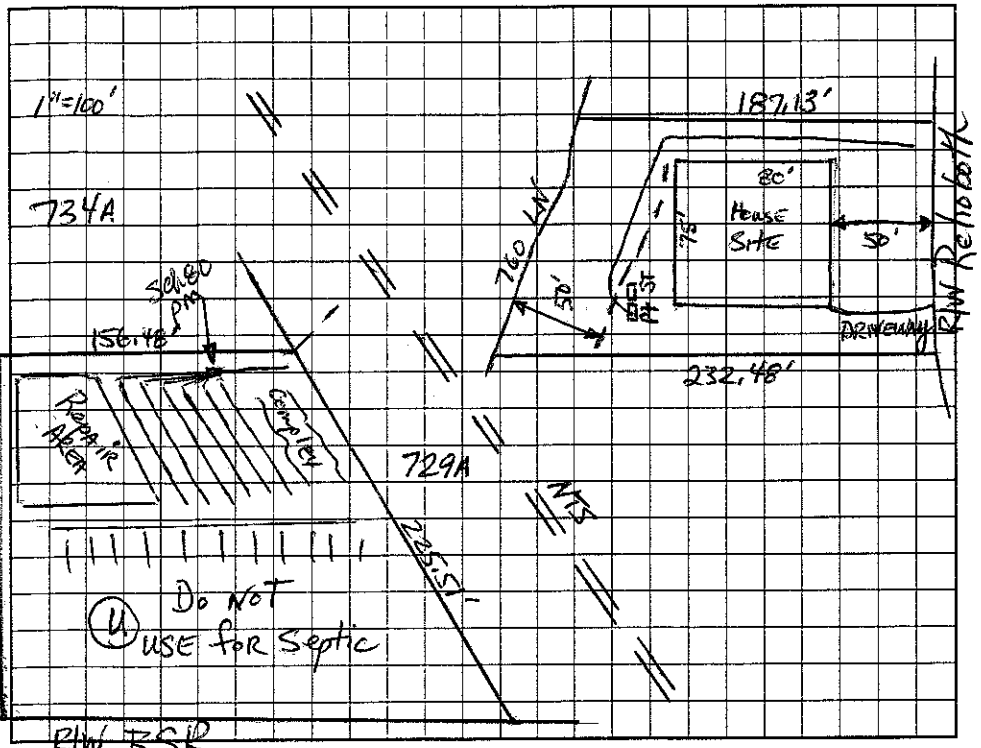
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

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INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Basement Room w/o Windows addition does not appear to impact the existing septic system.

**NOTE: Basement Room will not have egress

# of Bedrooms still 4

R.S.

Date: 3/26/2012

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 6-15-01 Installed by: Hallman Const.

Improvement Permit by: _____ date 6-14-01 Operation Permit by: _____ date 10/16/02

Authorization to Construct by: _____ date 3-26-02 Existing System Inspection by: _____ date _____

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