IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094946 PIN# 4625 94 1684(pt) 4625 52 5525 DATE June 15, 01

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

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

LOCATION Brawley Sch Rd. TR Alligboro TL Rehoboth on Right NEAR END

SUBDIVISION The Point BLOCK / SECTION 7 LOT 725/725A LOT AREA 46840 + 35125 ft² SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .025#

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 4-20-02

Pump Tank: 1000 Gallons; PT 283 Date 4-13-02

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1980 Linear Feet 660

No Lines 6 @ 110' Trench Width 36" Trench Bottom Depth 48" Gravel Depth 24" ±

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

System Description: PM - Conventional

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

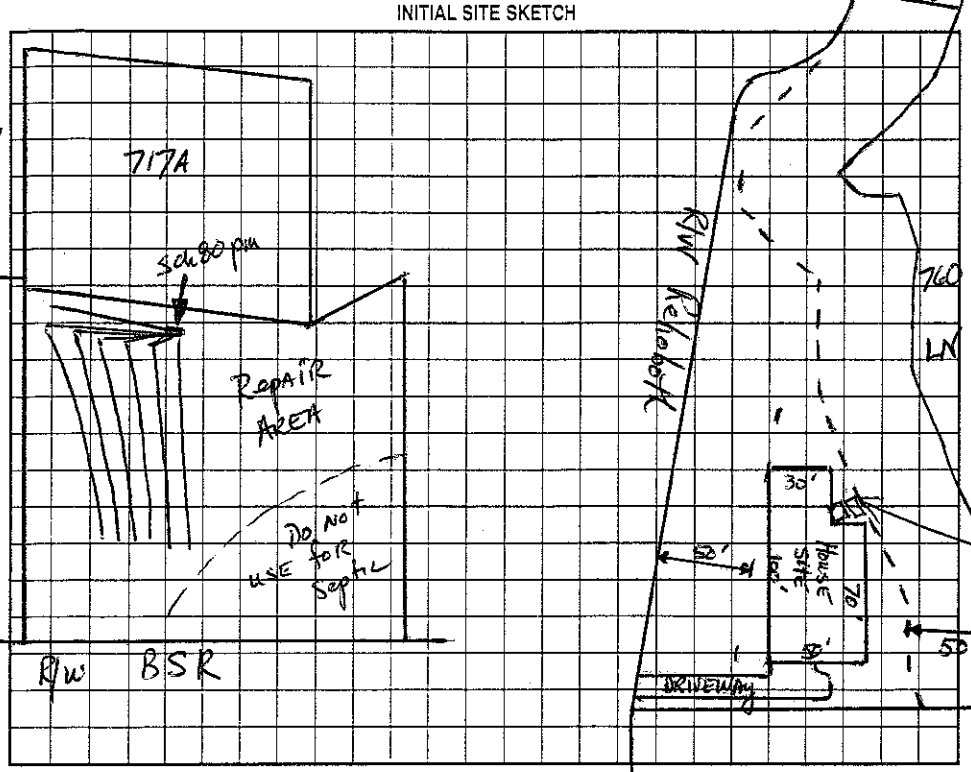
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Public~~ ☑ Community

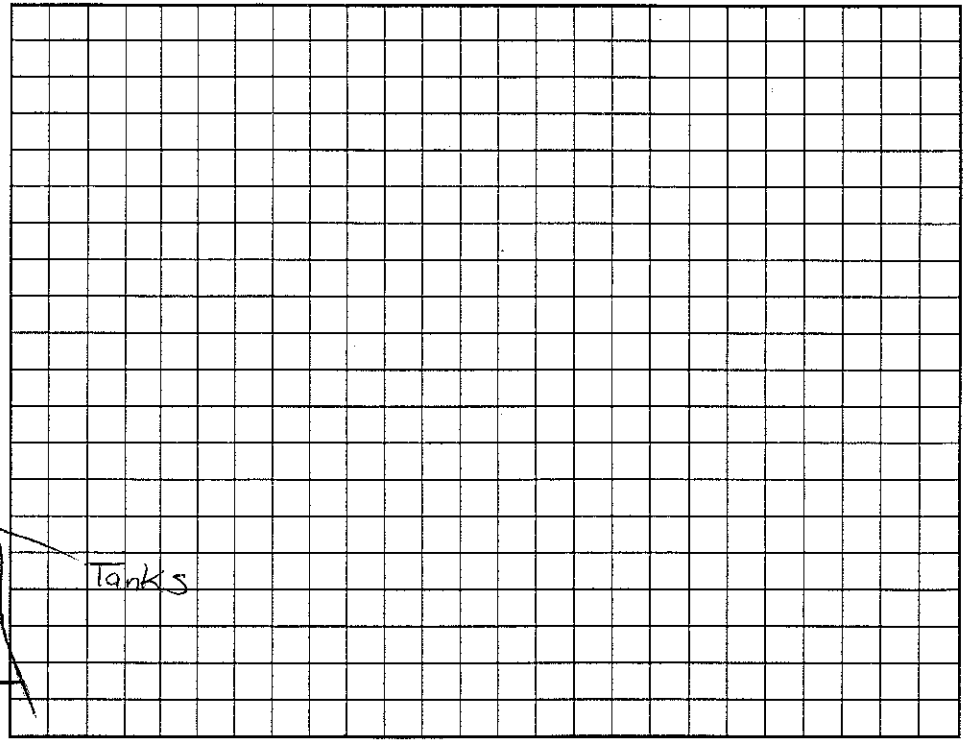
Comments:/Conditions: Install Laterals at 48" trench bottom depth.
*Use 24" of stone in trenches.
4 Bedrooms maximum design capacity

Comments:/Conditions: Checked tanks 5/31/02

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: _____ date 6-15-01 Installed by: R & H Inc

Improvement Permit by: _____ date 6-15-01 Operation Permit by: _____ date 8/16/02

Authorization to Construct by: _____ date 11/1/01 Existing System Inspection by: _____ date _____

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