IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10214 PIN# 4625-94-1684.814 4625 61 1208 DATE Sept. 24, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / Young Builders PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR Heathland Lane on left 117 Heathland Ln.

SUBDIVISION The Point BLOCK / SECTION 8 LOT 814 LOT AREA 40,170 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 538 Date 5/22/02
Pump Tank: 1000 Gallons; PT _____ Date 5/13/02
Pump Make: Goulds Model WE0 512 HHL Serial No. H0143646
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM-Innovative-25% Red.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

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

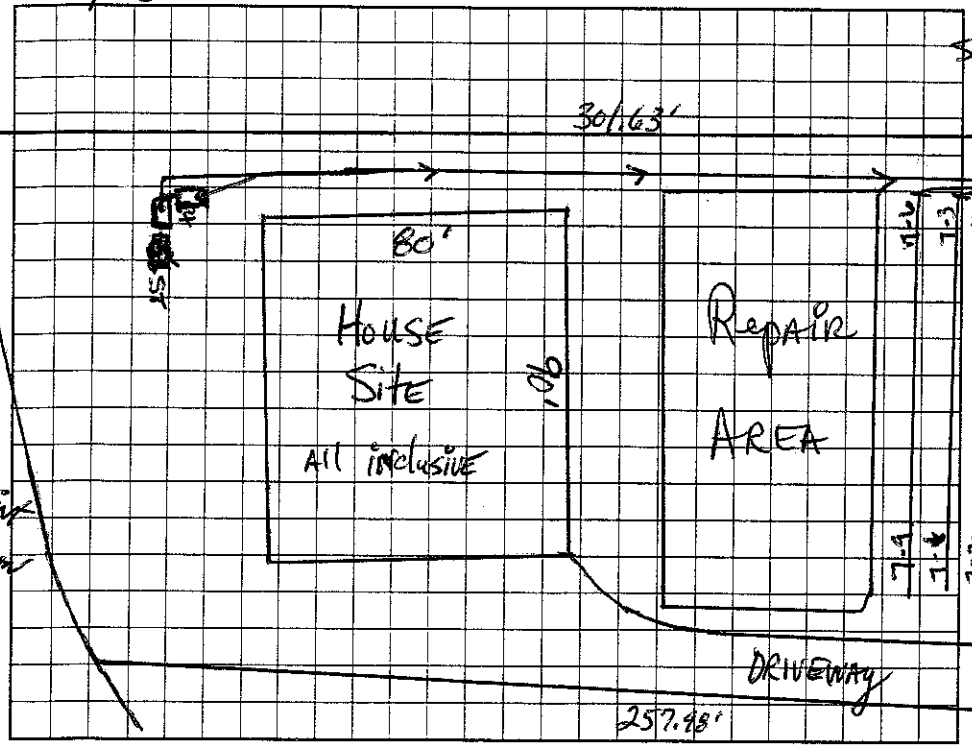
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

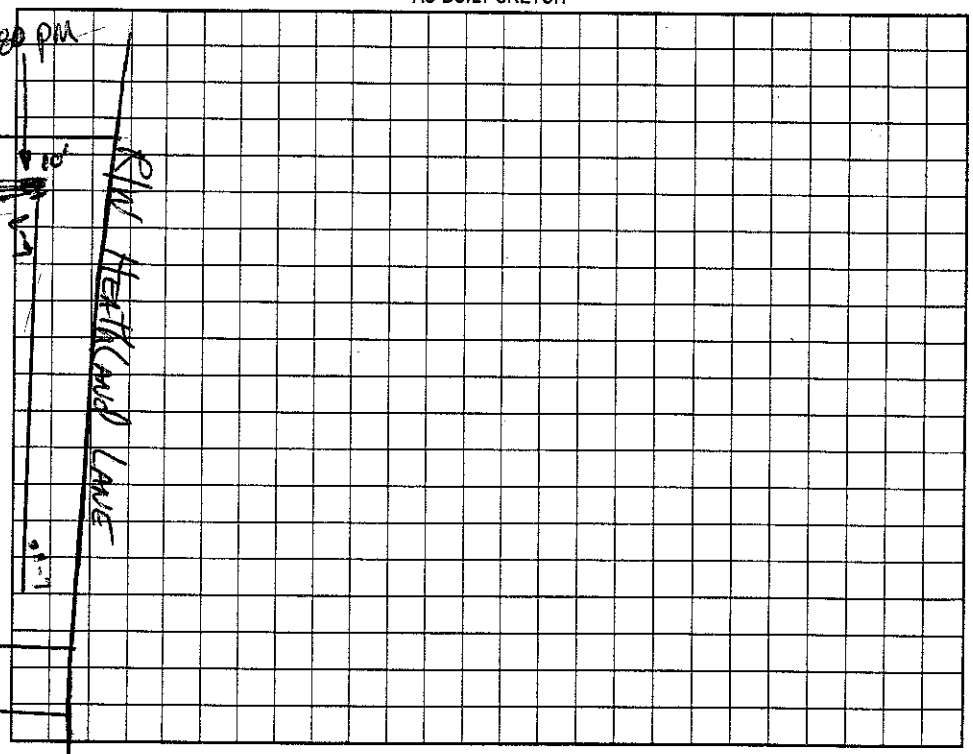
Comments:/Conditions:
Plans Reviewed 4/2/02 -GM

1"=50'

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 10/10/01 Installed by: Ordison Const. Co.

Improvement Permit by: _____, RS date 9-24-01 Operation Permit by: _____ RS date 11/27/02

Authorization to Construct by: _____ RS date 4/2/02 Existing System Inspection by: _____ date _____

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