IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101182 PIN# 4625-94-1684.1802 4625 61 3485 DATE Sept 14, 01

OWNER OR CONTRACTOR Crescent Resources Clue / BEALER HOMES PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION Brantley School Road TR HEATHLAND LANE on Right at jct w/ Deacons Pond Ct. 108 Deacons Pond

SUBDIVISION The Point BLOCK / SECTION 8 LOT 802 LOT AREA 41,460 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 1500 Gallons; STB 338 Date 6/23/04

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' 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: Singles Innovative-25% Red.

Repair System Description: (2) Innovative 25% Red.

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

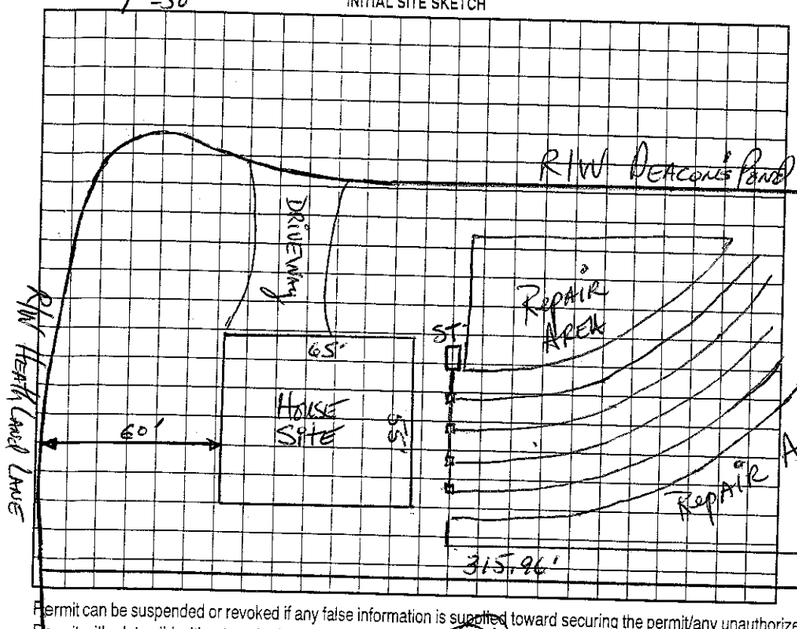
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions:

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 10/1/01

Improvement Permit by: _____ date 9-14-01

Authorization to Construct by: Wesley Sparks R.S. date 1/6/04

Installed by: Steve Jordan - Piedmont Septic Tank

Operation Permit by: Wesley Sparks R.S. date 8/10/04

Existing System Inspection by: _____ date _____

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