IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102174 PIN# 4625 94 1648.745 4625615633 DATE September 13, 01

OWNER OR CONTRACTOR Crescent Resources Llyc/Hughes, Hamelink & Zande PHONE: Business 363-8762 Charli Home

ADDRESS P.O. Box 1003 Charlotte NC. 28201

LOCATION Brawley Sch RD TR Heathland Lane TR Deacons Pond Ct. on Right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 745, 745A LOT AREA 40,253 + 46510 ft² SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: Gould's Model ____ Serial No. ____

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

No Lines 3@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☑ 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 ☐ Mobile Home ☐ Business ☐ Other

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

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

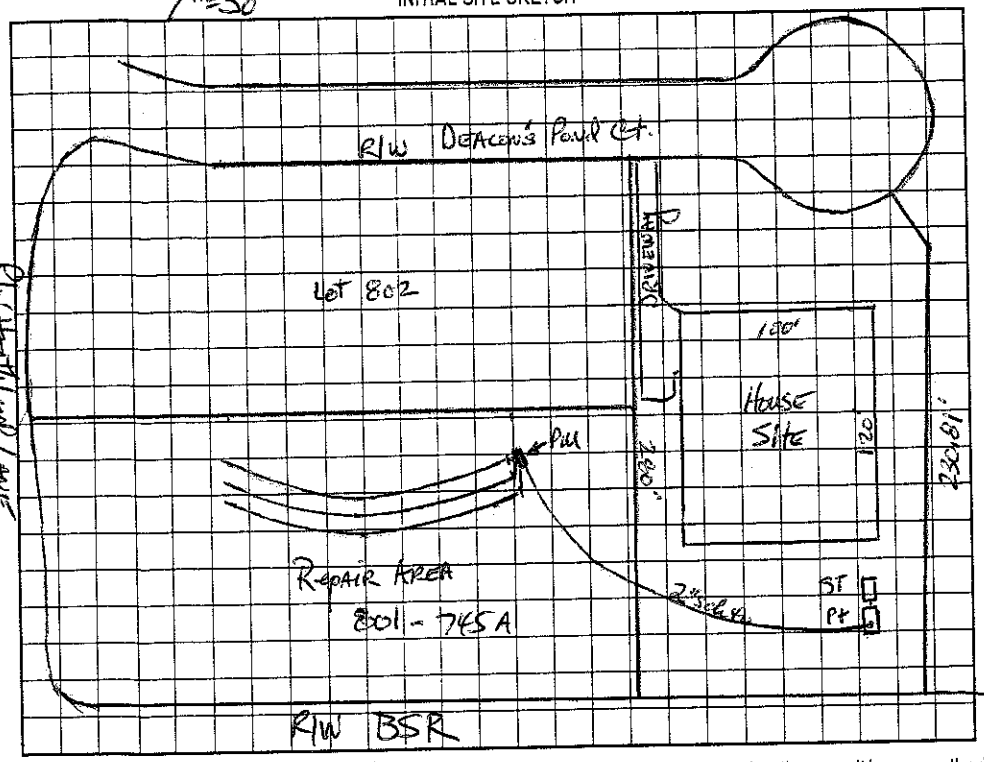
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Reviewed site plan & building plans 7/14/03; essentially in Compliance with original permit

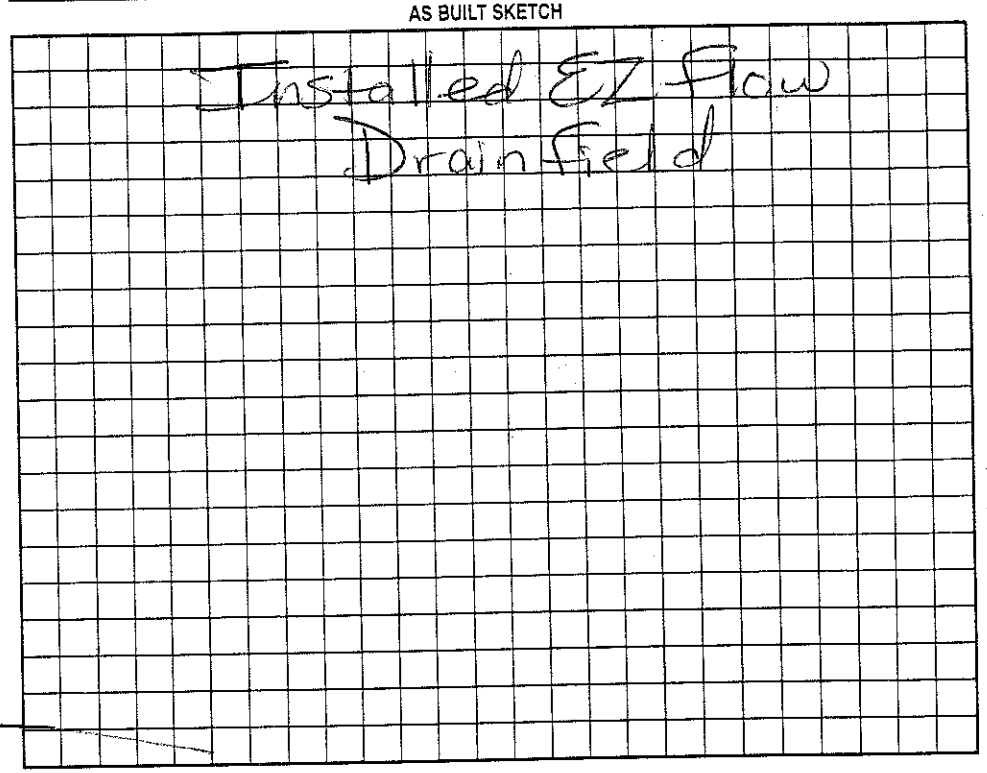
Comments/Conditions: 11/26/03 Checked 100' of each line. MZ
12/2/03 Checked remaining 60' of each line MZ

INITIAL SITE SKETCH

1"=50'



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

Improvement Permit by: ____ date 9-13-01

Authorization to Construct by: ____ RS date 7/14/03

Installed by: Bobby Mayhew RS date 11/23/04

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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