IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094936 PIN# ~~4625-94-1684(pt)~~ 4625-62-0726 DATE May 14 01

OWNER OR CONTRACTOR Crescent Resources Inc. / DIBBLE CONST. CO. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte NC 28201 1003

LOCATION Brawley Sch Rd TR Attleboro 3RD on left past Rehoboth Ln.

SUBDIVISION The Point BLOCK / SECTION 7 LOT 718 LOT AREA 29,250 sq ft SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25 ±

Septic Tank: 1000+ Gallons: STB 338 Date 8/24/03

Pump Tank: 1000 Gallons: PT 29 Date 9/17/03

Pump Make: Goulds Model WE0-712HH Serial No. J022034118

Nitrification Field: No Fields ____ Square Feet 680/1020 Linear Feet 340

No Lines 4 Trench Width 24" and 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

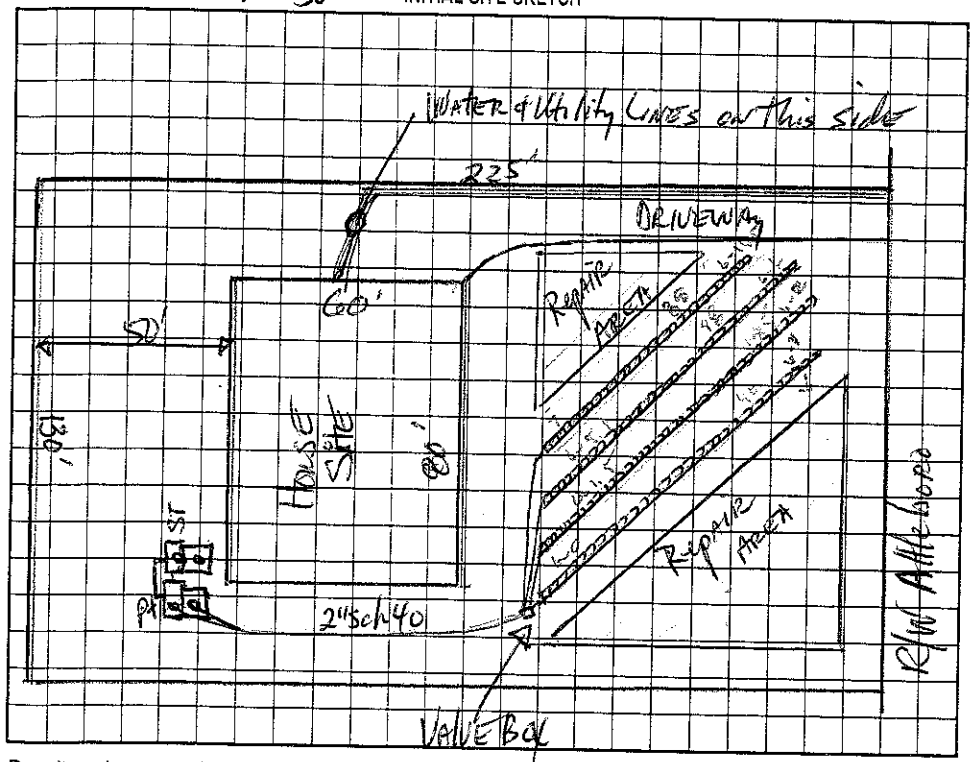
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: @R36"MAX 4'OC

Comments:/Conditions: 11/14/03 - Drainfield

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 6-15-03 Installed by: Orbison

Improvement Permit by: _____ date 5-14-01 Operation Permit by: Wesley Sparks RS date 2/9/04

Authorization to Construct by: Wesley Sparks RS date 6/20/03 Existing System Inspection by: _____ date _____

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