#325

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094935 PIN# 4625-94-1684 (pt.) 4625-62-1758 DATE May 14, 01

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

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

LOCATION Brawley Sch Rd. TR Attleboro 2nd lot on left past Rehobeth 175

SUBDIVISION The Point BLOCK / SECTION 7 LOT 719 LOT AREA 29,250 ftz SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .02-.025

Septic Tank: ~~1000+1500~~ Gallons; STB 338 Date 4/16/02

Pump Tank: 1000 Gallons; PT 283 Date 4/30/02

Pump Make: Equalizer Model ~~WEB-712~~ Serial No 60158456

Nitrification Field: No Fields 1 Square Feet 800/1200 Linear Feet 400

No Lines 6 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPPBPS

Repair System Description: LPPBPS on 719A

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

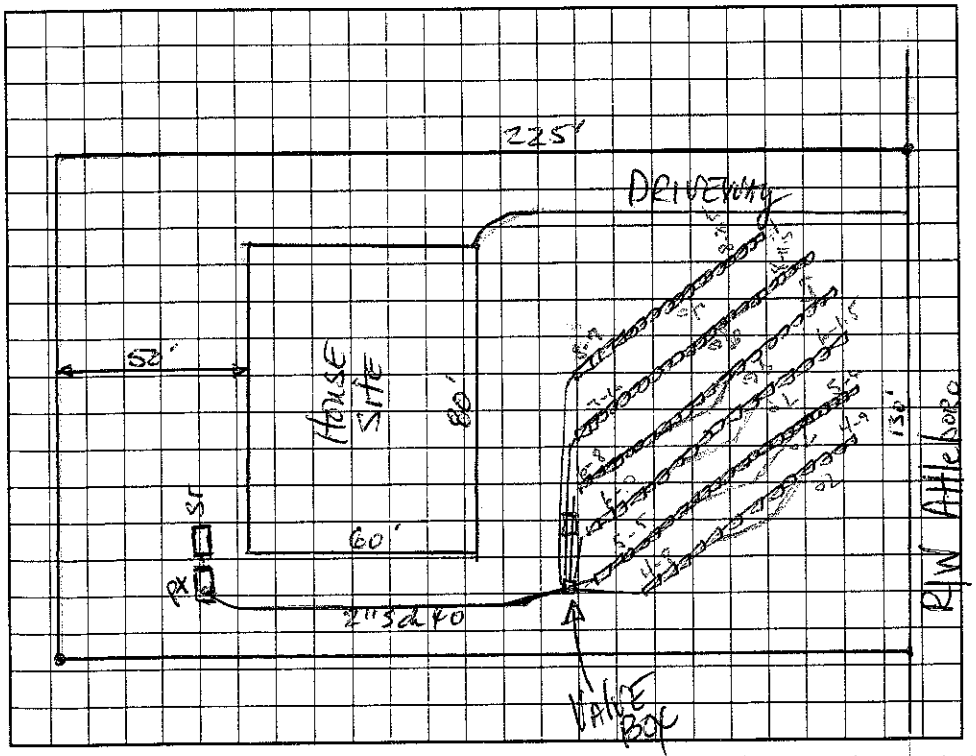
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OR 36" MIN 9'oc

Comments:/Conditions: LP PPBPS INSTALLED.

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 6-05-01 Installed by: Dobson Const Co.

Improvement Permit by: _____ date 5-14-01 Operation Permit by: Wesley Sparks RS. date 12/20/02

Authorization to Construct by: Wesley Sparks RS. date 2/11/02 Existing System Inspection by: _____ date _____

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