IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 094930 PIN# 4625 94 1684 (pt.) 4625 63 0035 DATE Sept. 27, 01

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

ADDRESS P.O. Box 1003 Charlotte, NC // 19900 W. Catawba Cornelius 28031

LOCATION Brawley Sch Rd. TR Attleboro Lot on Right SFE at jct of Attleboro & Rehoboth. 178 Attleboro Pl

SUBDIVISION The Point BLOCK / SECTION 7 LOT 712 LOT AREA 37,403 + SFE 712A SITE CLASS. PS SFE DESIGN FLOW 600 gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 6/22/02 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 338 Date 7/6/02 System Description: pm- INNOVATIVE -25% Red.

Pump Make: Gould's Model WE1012H Serial No. _____ Repair System Description: LPP BPS

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 5@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 5 ☐ Mobile Home No. Bathrooms 5 ☐ Business No. Employees _____ ☐ Other _____

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

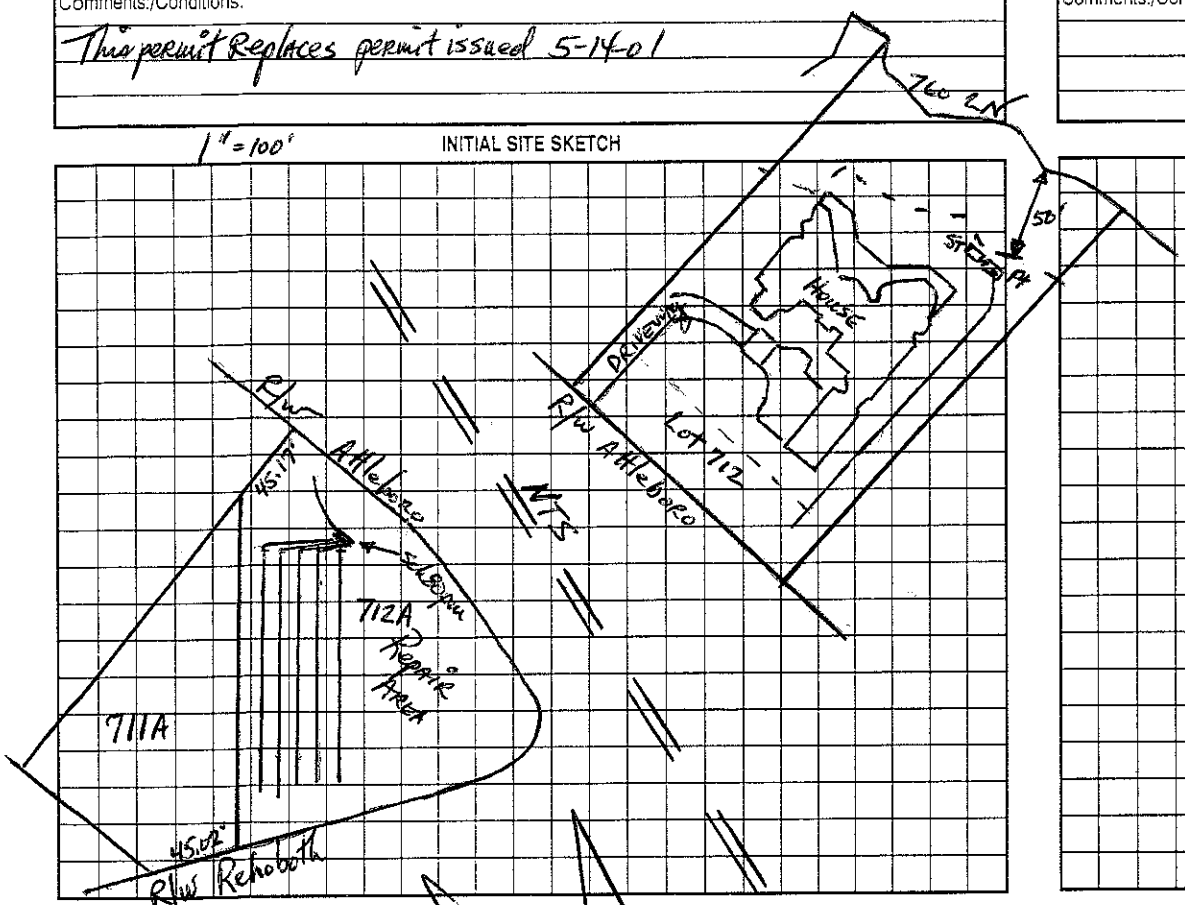
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

This permit Replaces permit issued 5-14-01

Comments:/Conditions:

1" = 100' 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 9/27/01 Installed by: Hallman Const.

Improvement Permit by: Mona R Johnson, RS date 9-27-01 Operation Permit by: _____, RS date 10/11/02

Authorization to Construct by: Mona R Johnson, RS date 9-27-01 Existing System Inspection by: _____ date _____

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