IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90748 PIN# ~~4625941654 PT~~ 4625633693 DATE 10/17/00

OWNER OR CONTRACTOR CRESCENT RESOURCES / BROOKSHIRE CONSTRUCTION PHONE: Business 663 6905 Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR STONEWALL BEACH - TR STANDISH - ON RT

SUBDIVISION POINT BLOCK / SECTION 6 LOT 620 LOT AREA 39254 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30PD/FT²

Septic Tank: 1000+ Gallons; STB 338 Date 6/27/01
Pump Tank: 1500+ Gallons; PT Date 6/21/01
Pump Make: Goulds Model WE0-512MM Serial No. B:150527
Nitrification Field: No Fields 1 Square Feet @1200 Linear Feet 400
No Lines 5@80' 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: PUMP 25% REDUCTION
Repair System Description: PUMP & PANEL
Maintenance Agreement Required: ☐ Yes ☐ No

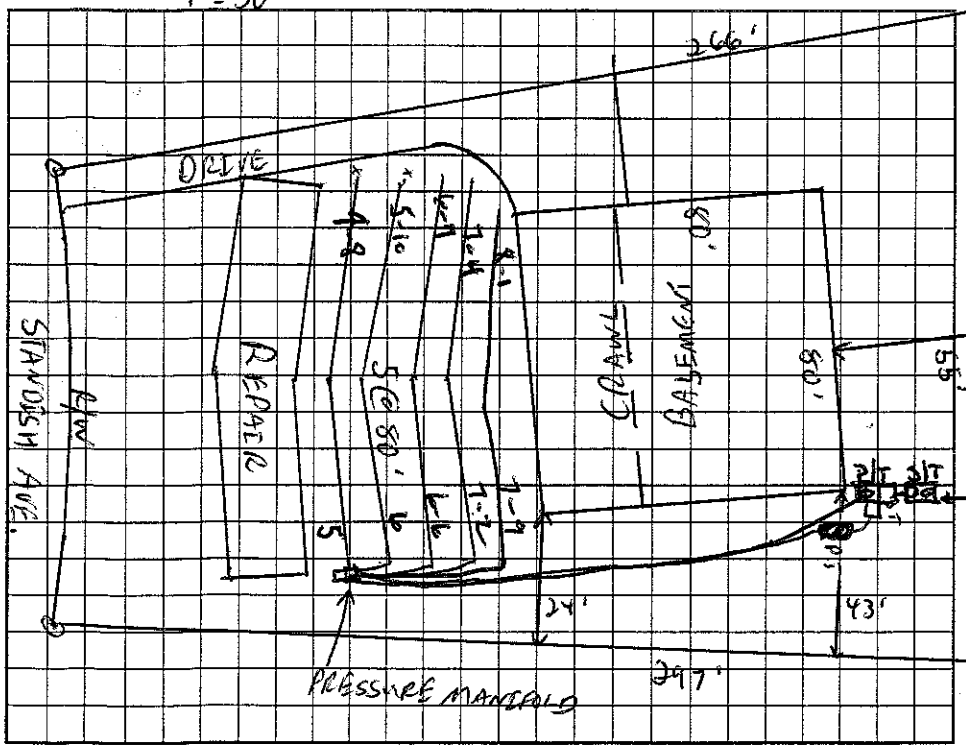
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

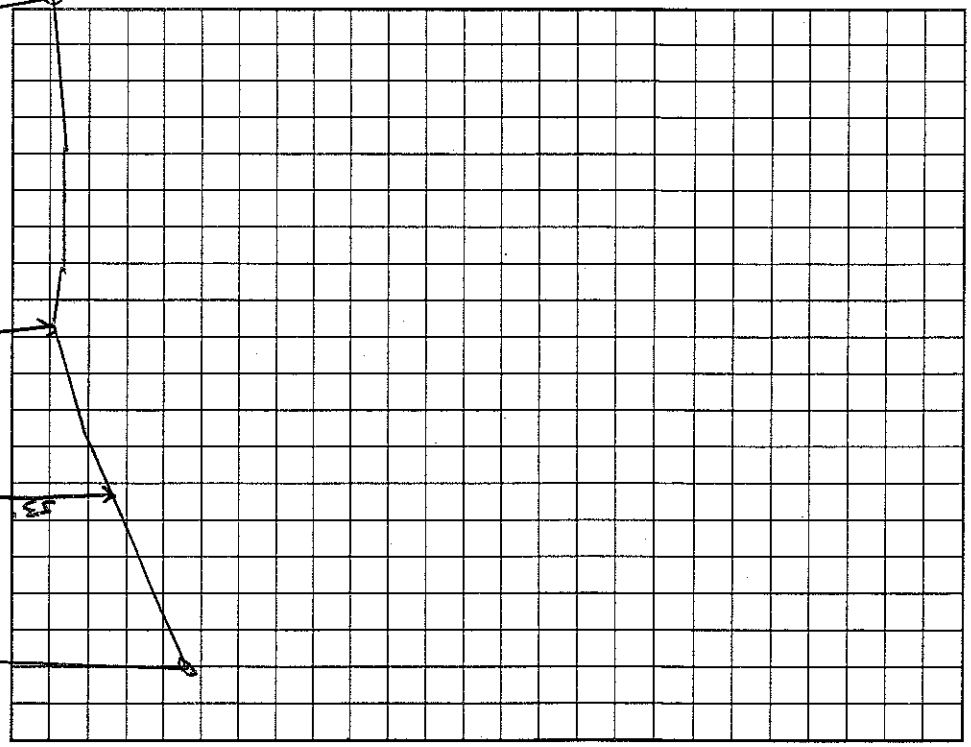
Comments:/Conditions: REMOVE TERRACES AND BERMS

Comments:/Conditions: PARTIAL BASEMENT
EZ LAY INSTALLED

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: [signature] date 10/25/00 Installed by: Hallman Const.

Improvement Permit by: [signature] RS date 10/17/00 Operation Permit by: Wesley Sparks RS. date 11/5/01

Authorization to Construct by: [signature] RS date 1/4/01 Existing System Inspection by: date

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