2130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 200.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 90705 PIN# ~~4625-11684 PT~~ 4625-64-7507 DATE 4/3/01

OWNER OR CONTRACTOR CRESCENT RESOURCES / SIMONINI BLDRS PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR STONEWALL BEACH #ON CORNER

SUBDIVISION POINT BLOCK / SECTION 6 LOT 61 LOT AREA 49375± SITE CLASS. PS DESIGN FLOW 600GPD L.T.A.R. .360/FT²

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 8/21/01

Pump Tank: 1500 Gallons; PT 338 Date 10/1/01

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 680 Linear Feet 340

No Lines 4@85' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees _____

☐ Other _____

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

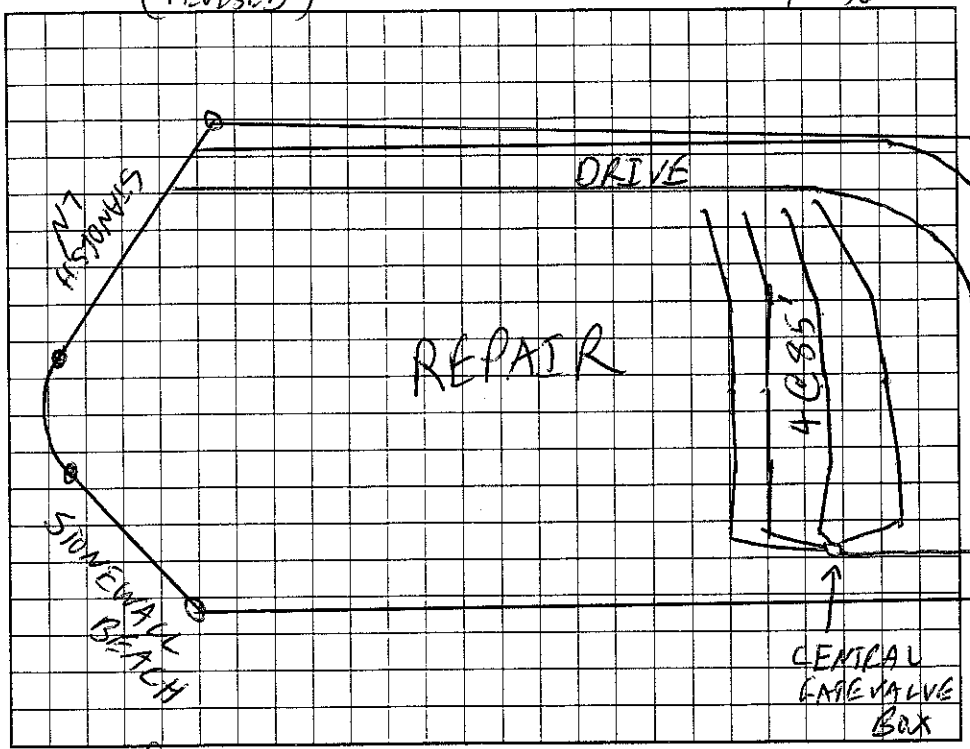
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: 1) REMOVED OLD TERRACES AND BERMS

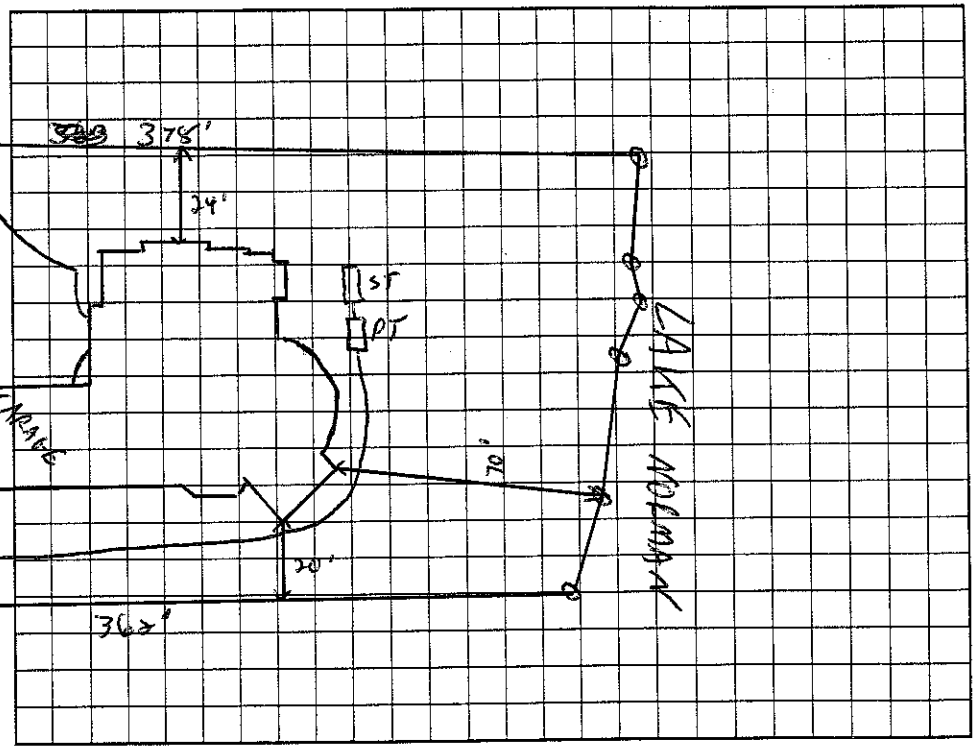
Comments:/Conditions: 10/31/01 Checked lines 1-4 Panel line 3

Press, Elect & Alarm Checked 5/31/02

(REVISED) 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 2/8/01

Improvement Permit by: _____ RS date 4/3/01

Authorization to Construct by: _____ RS date 4/3/01

Installed by: R & H Inc

Operation Permit by: _____ RS date 5/31/02

Existing System Inspection by: _____ date _____

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