IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90704 PIN# ~~4625-94-7684-87~~ 4625-64-8634 DATE 6/8/01

OWNER OR CONTRACTOR CRESCENT RESOURCES / ELROD CUSTOM HOMES PHONE: Business 987-5022 Home

ADDRESS PO BOX 47212 CHARLOTTE NC 28247

LOCATION BRAWLEY SCHOOL - TR STONEWALL BEACH - ON PT

SUBDIVISION THE POINT BLOCK / SECTION 6 LOT 610 LOT AREA 53827 ft² SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1500 Gallons; STB 338 Date 10-21-01 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT Date 9-10-01 System Description: LP PANEL

Pump Make: Goulds Model 1PWE0712HH Serial No. G015845 Repair System Description: SAME

3/4HP Nitrification Field: No Fields 1 Square Feet 804 Linear Feet 402 Maintenance Agreement Required: ☑ Yes ☐ No

No Lines 6@67' Trench Width 24" MIN Max Trench Bottom Depth 36" Gravel Depth N/A

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 4½ No. Employees

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

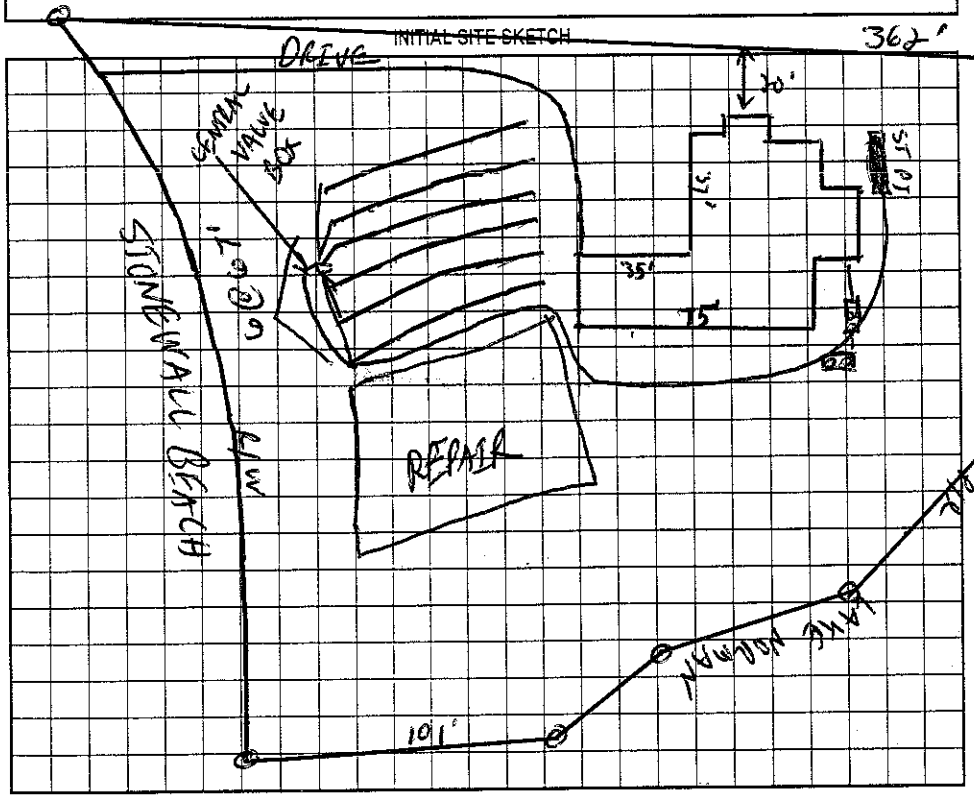
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

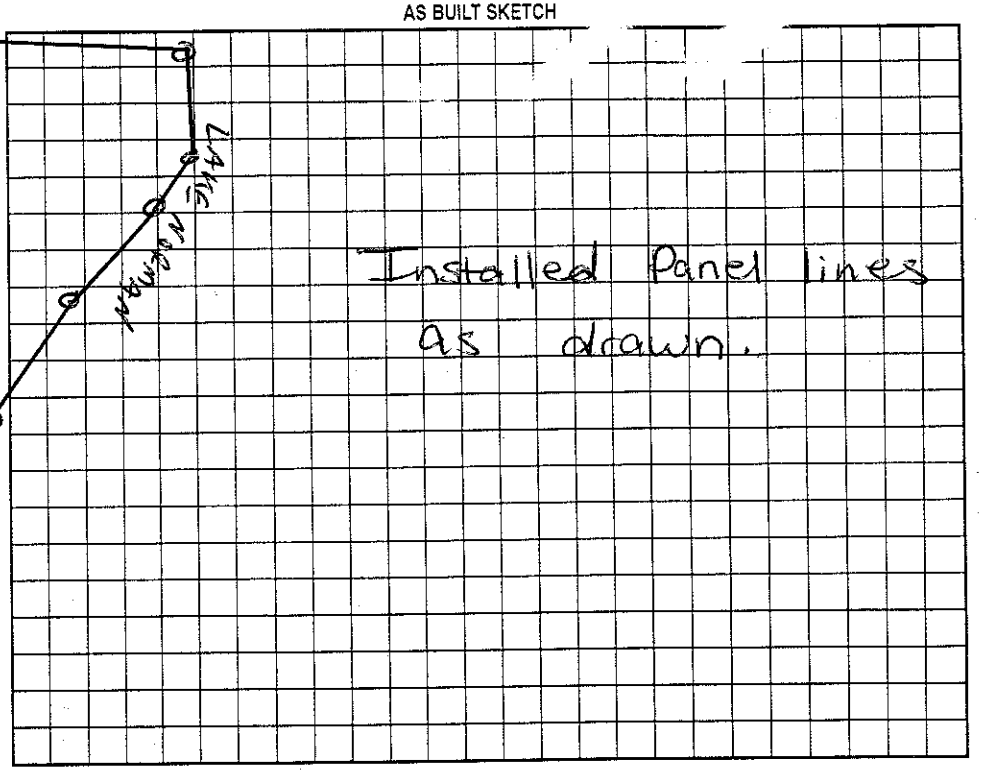
1"=60'

Comments:/Conditions: Checked tanks, lines & pressure checked. MD

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 _____

Improvement Permit by: _____ KS date 6/8/01

Authorization to Construct by: _____ KS date 6/8/01

Installed by: C. Wayne Orbison

Operation Permit by: _____ RS. date 4/19/02

Existing System Inspection by: _____ date _____

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