IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82343 PIN# 4625941684 FT 4625 67 6904 DATE 1/13/00

OWNER OR CONTRACTOR CRESCENT RESOURCES/ELROD HOMES PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TL WHITE HORSE - TR NATHANIEL - AT END III Nathaniel

SUBDIVISION POINT BLOCK / SECTION 4 LOT 420/421 LOT AREA 95468 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3904/.82

Septic Tank: 1500 Gallons; STB 338 Date 4/20/02
Pump Tank: 1500 Gallons; PT 338 Date 4/9/02
Pump Make: Gould's Model WS1512 HH Serial No. F0253494
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100' 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No OFFSITE

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

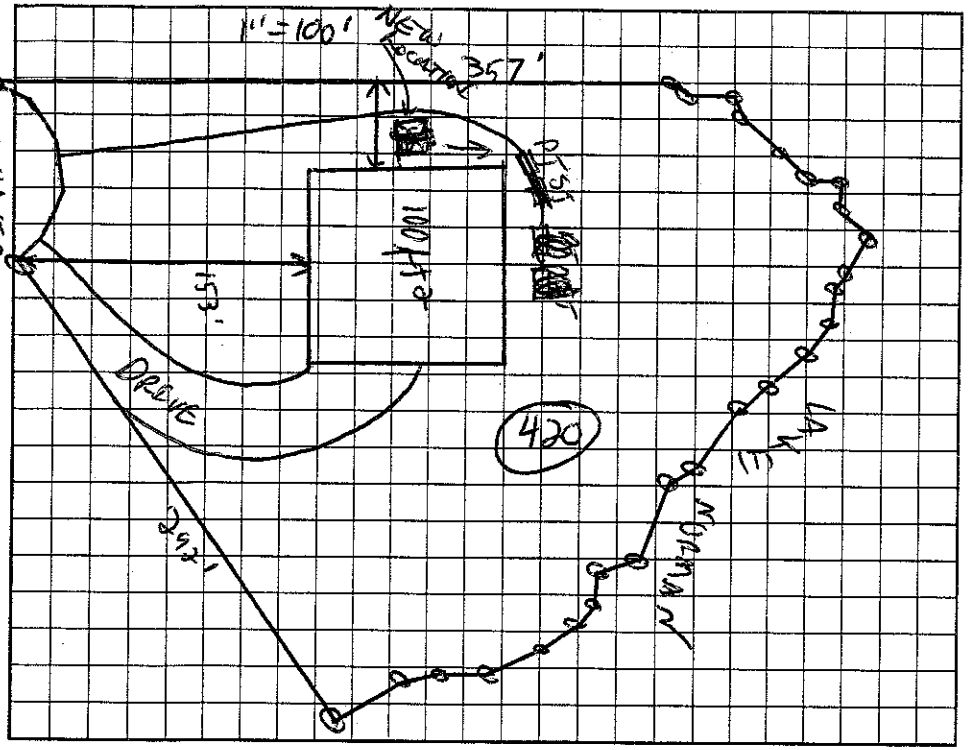
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

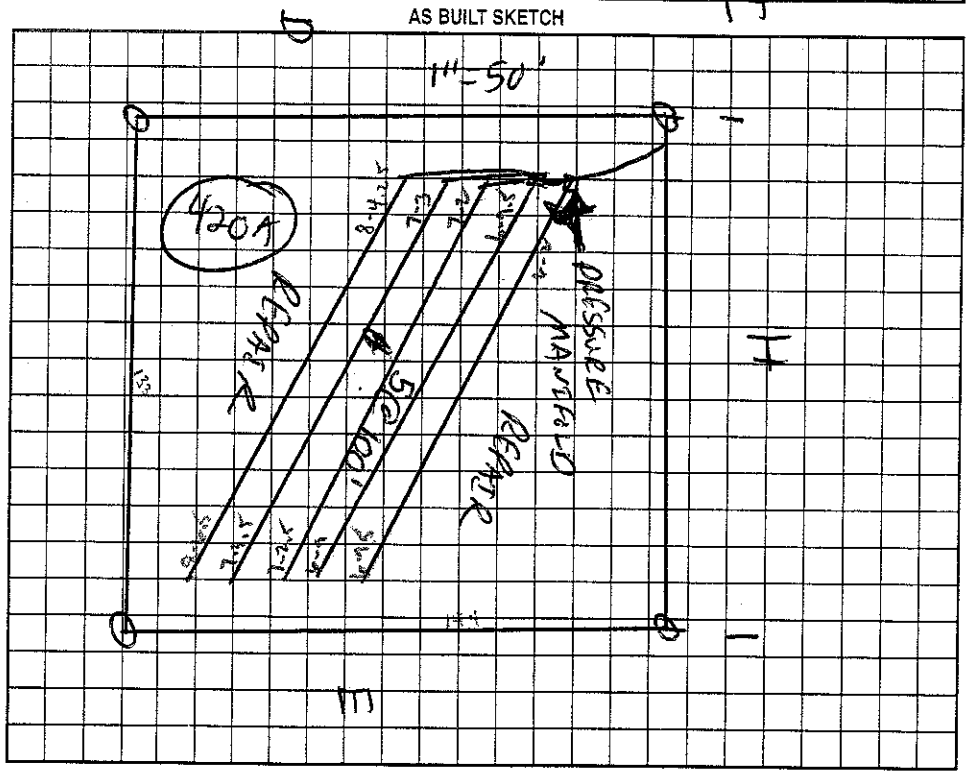
PLANS HAVE TOTAL OF 5 BRS

Comments:/Conditions:

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: K. L. F. date 1-21-00

Improvement Permit by: C. B. Jones RS date 1/13/00

Authorization to Construct by: C. B. Jones RS date 5/3/01

Installed by: Orleans Const. Co

Operation Permit by: Wesley Sparks R.S. date 11/15/02

Existing System Inspection by: date

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