IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82345 PIN# 4625-94-1684-PT DATE 1/13/00

OWNER OR CONTRACTOR CRESCENT RESOURCES / Elrod Custom PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202 Homes

LOCATION BRAWLEY SCHOOL - TR MARSONS MILL - TL WHITE HORSE - TR NATHANIEL - ON LT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 422 LOT AREA 44833 SITE CLASS. PS DESIGN FLOW 600 GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1500 Gallons; STB 338 Date 6/28/05

Pump Tank: 1500 Gallons; PT 99 Date 7/12/05

Pump Make: Bowles Model WE1512T1M Serial No. E055475

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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 5 No. Employees

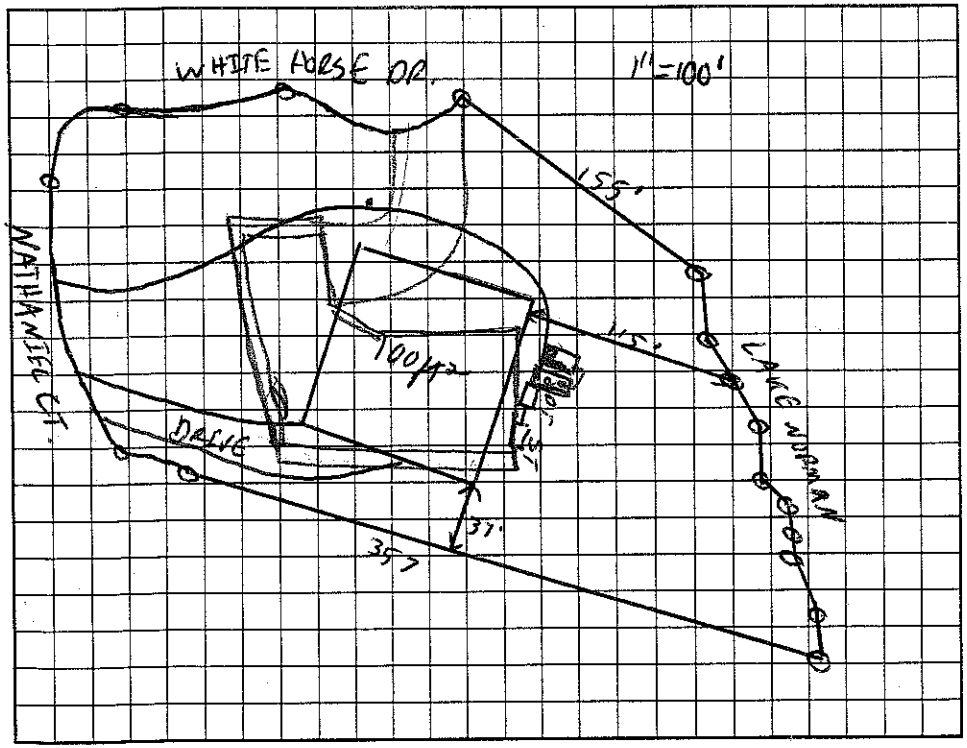
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

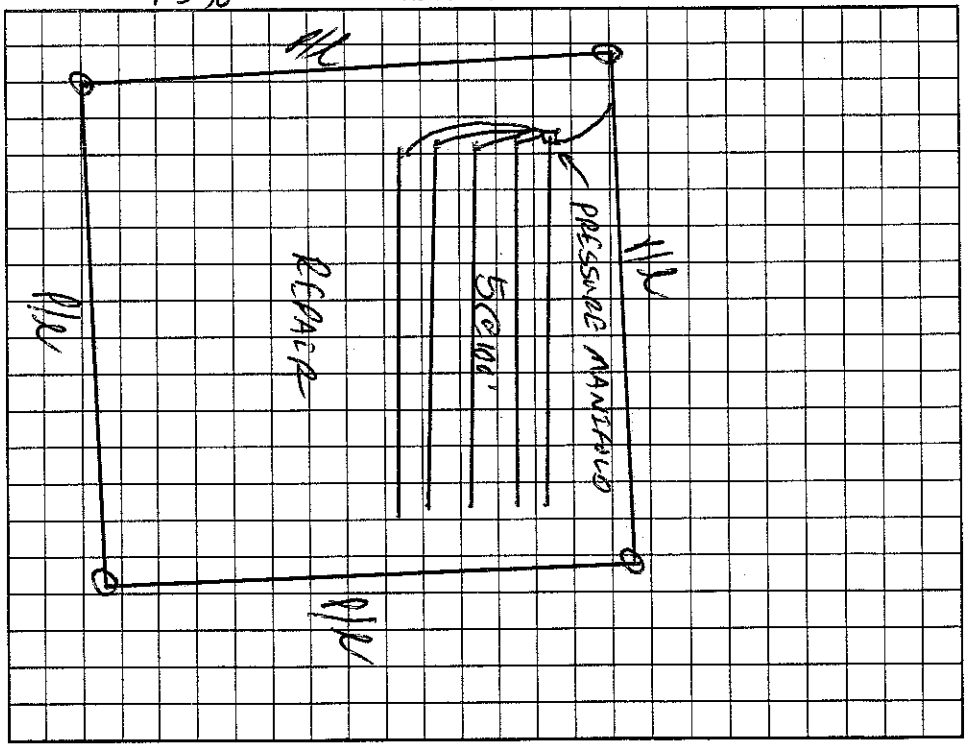
Comments:/Conditions:

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: Paul E. Rumley date 1-21-00 Installed by: Dallmasson

Improvement Permit by: C. Blackburn RS date 1/13/00 Operation Permit by: _____ date _____

Authorization to Construct by: [signature] RS date 5/6/04 Existing System Inspection by: _____ date _____

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