IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82346 PIN# ~~4625944684~~ PT 4625679646 DATE 1/13/00

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

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TL WHITE HORSE - END

SUBDIVISION POINT BLOCK / SECTION 4 LOT 423 LOT AREA 58931 SITE CLASS. PS DESIGN FLOW 600GAD L.T.A.R. .3GAD/FT²

Septic Tank: 1500 Gallons; STB 338 Date 6-28-01

Pump Tank: 1500 Gallons; PT 338 Date 7-25-01

Pump Make: _____ Model _____ Serial No. _____

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

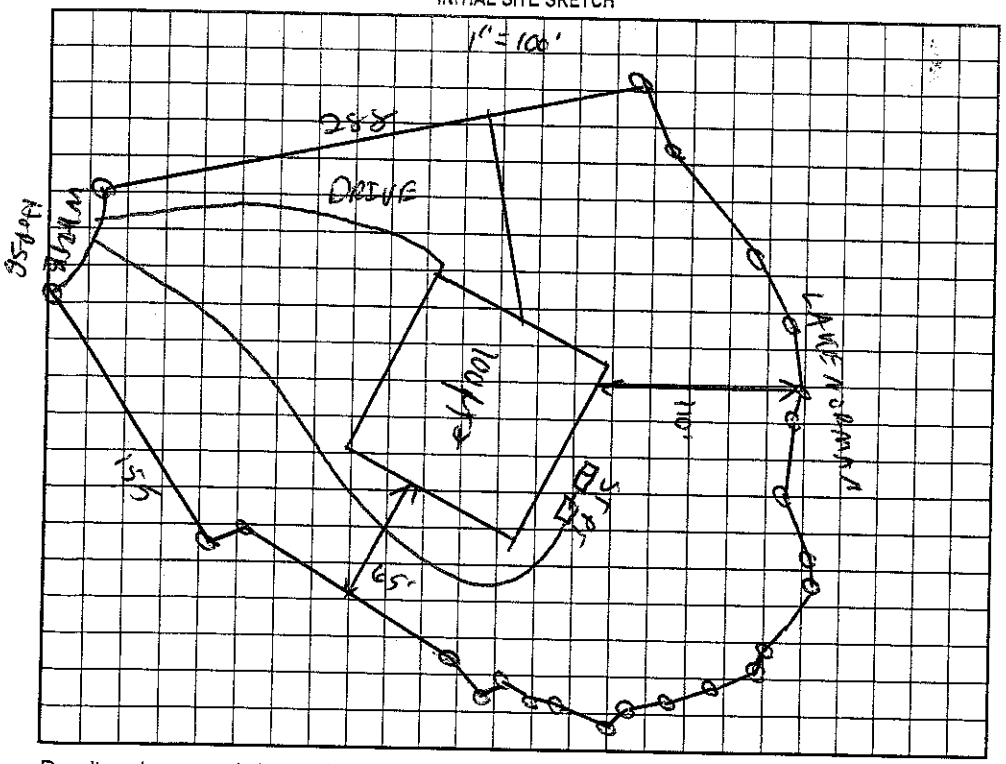
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

3/15/00 Reviewed house plans & Site plans, seems to be IN Compliance. MD

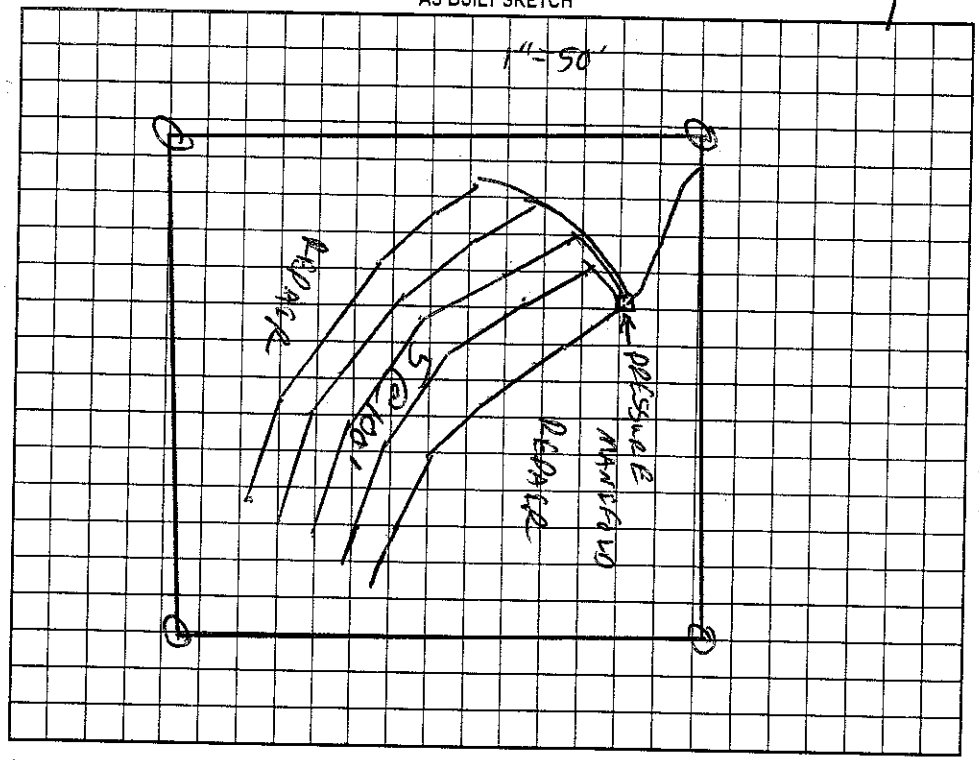
Comments:/Conditions: ~~A~~ Must keep pool at least 15' From Septic tank & pump tank.

EZ lines installed & checked 4/5/2001

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 1-21-00

Improvement Permit by: _____ date 1/13/00

Authorization to Construct by: _____ date 8/15/00

Installed by: _____

Operation Permit by: _____ date 11/14/2001

Existing System Inspection by: _____ date _____

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