IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 500.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 90755 PIN# ~~4625-94-1684-PF~~ 4625-73-0458 DATE 2/10/01

OWNER OR CONTRACTOR CRESCENT RESOURCES / BROOKSHIRE HOMES PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR STONEWALL BEACH - AT END

SUBDIVISION POINT BLOCK / SECTION 6 LOT 624 LOT AREA 54923 SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .30PD/FT²

Septic Tank: 1500+ Gallons; STB 338 Date 9/16/01
Pump Tank: 1500+ Gallons; PT 338 Date 6/30/01
Pump Make: MYERS Model ME150S-21 Serial No 25325D028
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300
No Lines 3@100' 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 / OFFSITE
Repair System Description: SAME / OFFSITE
Maintenance Agreement Required: ☑ Yes ☐ No

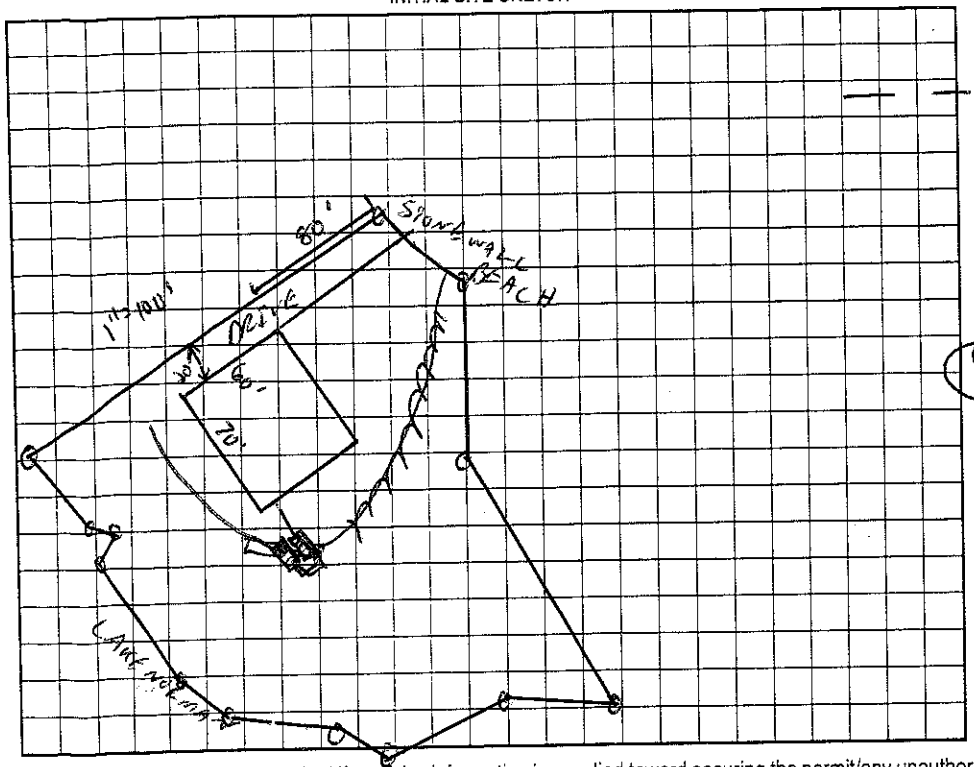
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

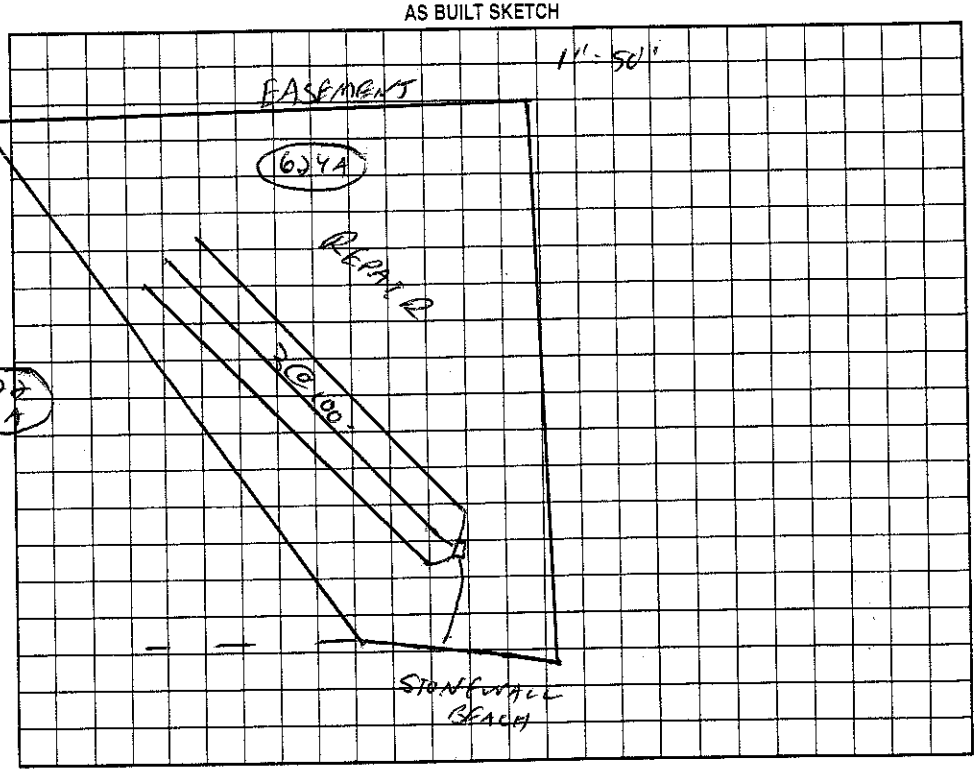
Comments:/Conditions: 1) SEE MAP FOR OFFSITE EASEMENT LOCATION.

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: _____ date 2/15/01 Installed by: Hallman Const. Co.

Improvement Permit by: _____ RS date 2/11/01 Operation Permit by: Wesley Sparks RS date 2/22/01

Authorization to Construct by: _____ RS date 2/11/01 Existing System Inspection by: _____ date _____

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