IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 90760 PIN# ~~4625944684 PT~~ 4625-74-0264 DATE 3/21/01

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

ADDRESS PO BOX 100 3 · CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL · TR STONEWALL BEACH · AT END ON LT

SUBDIVISION POINT BLOCK / SECTION 6 LOT 629 LOT AREA 35429 ft² SITE CLASS. PS DESIGN FLOW 600 GPD L.T.A.R. .25 gal/ft²

Septic Tank: 1500 Gallons; STB 338 Date 6/16/01
Pump Tank: 1500 Gallons; PT 338 Date 6/16/01
Pump Make: Myers Model ME 50 S Serial No. 3641441
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400
No Lines 4@100' Trench Width 36" ~~Max~~ Trench Bottom Depth 24" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP SAME 6
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees _____
☐ Other _____

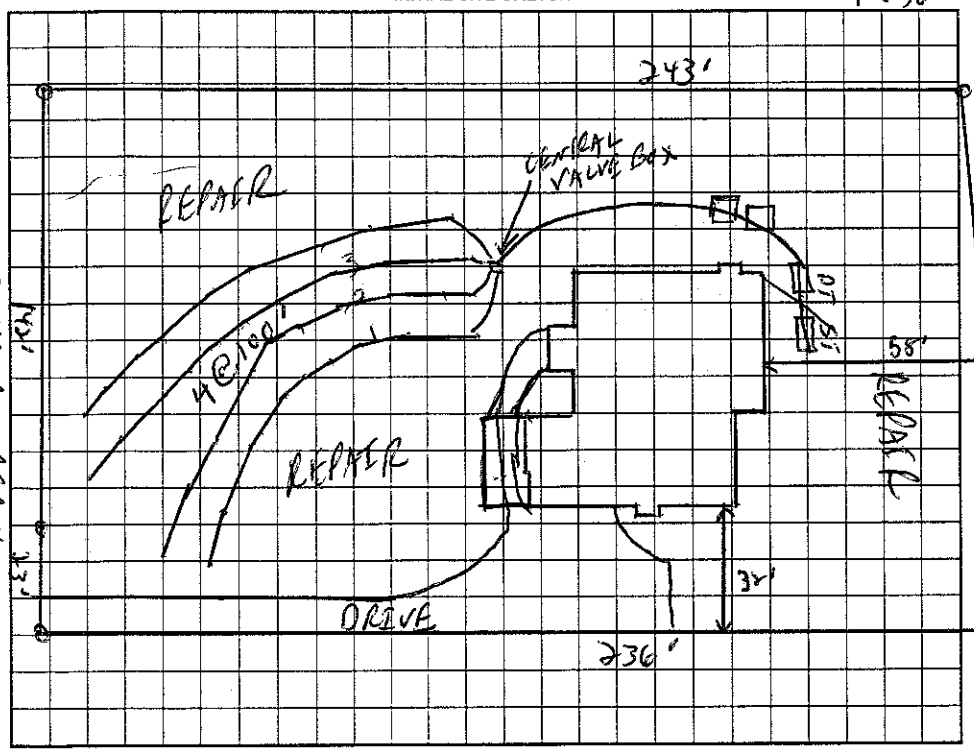
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions: MIN

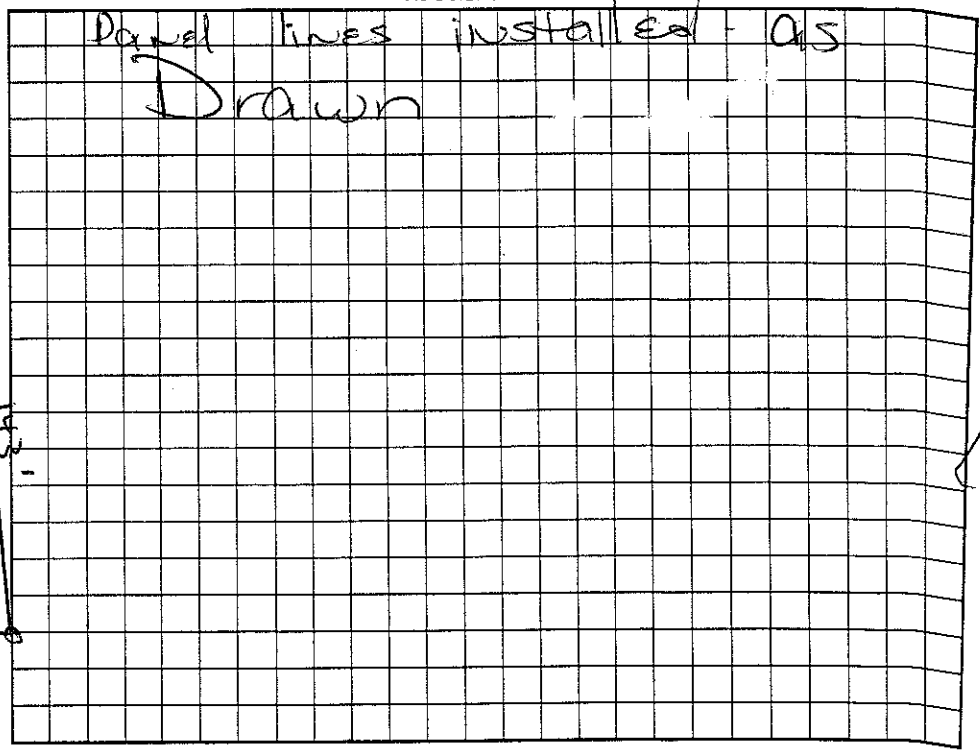
Comments:/Conditions: Checked lines 1, 2 & 3 6/6/2001 MS
Checked line 4 6/15/2001 MS

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Panel lines installed - as Drawn



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: Darrell Hicks date 3/23/01
Improvement Permit by: C. [illegible] ES date 3/21/01
Authorization to Construct by: C. [illegible] ES date 3/21/01

Installed by: R & H
Operation Permit by: Maria H Dobson RS date 10/25/01
Existing System Inspection by: _____ date _____

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