IREDELL COUNTY HEALTH DEPARTMENT

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

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

11:00 HSO

PERMIT# 08255 PIN# ~~4625944684 (pt.)~~ 4625764035 DATE Jan. 19, 2000

OWNER OR CONTRACTOR Crescent Resources Inc // GM Helms Court. PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd.

LOCATION Brawley Sch. RD. TR Pelpis TL Jeremy Pt. TR Brick Kiln on Right 138 Brick Kiln Way

SUBDIVISION The Point BLOCK / SECTION 5 LOT 524 LOT AREA 35,284 ft² SITE CLASS. RS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 11-15-00

Pump Tank: 1500 Gallons; PT 338 Date 9-27-00

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: PM - Innovative - 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

☑ 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: @ one inspection port per Lateral.

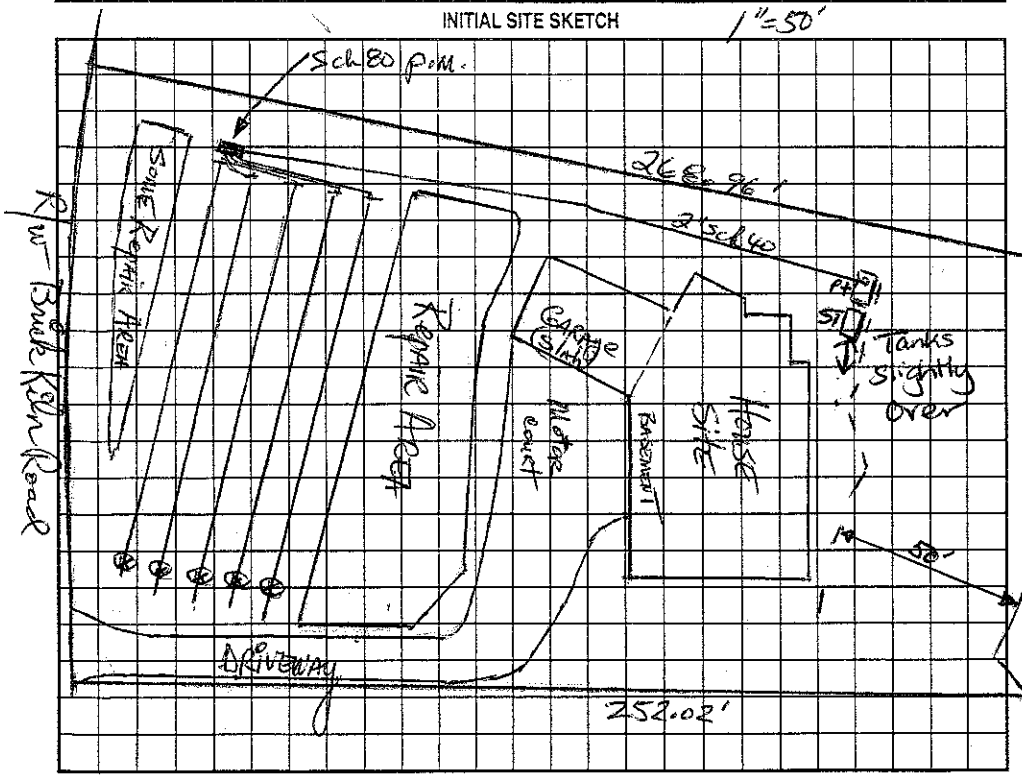
Comments:/Conditions: (partial)

Drainlines inspected 9/22/2000 MD

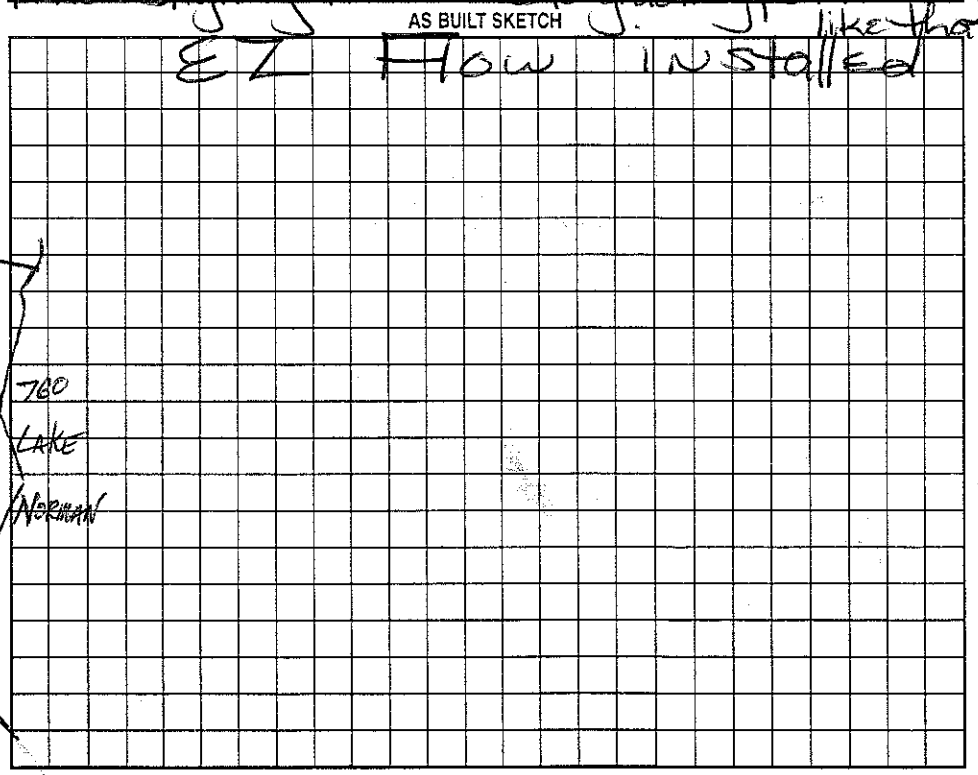
Manhole Cover was rode over for ST & pipe to filter slightly tilted due to grading, not initially like that.

EZ Flow Installed

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: Carolyn M. Spoonenberg date 1-20-00

Improvement Permit by: _____ date 1-19-00

Authorization to Construct by: _____ date 1-19-00

Installed by: R&H

Operation Permit by: _____ date 2/16/2001

Existing System Inspection by: _____ date _____

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