IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:06 3:50

PERMIT# 82348/12/138 PIN# 4625944684 PT 4625-77-1851 DATE 1/13/00

OWNER OR CONTRACTOR CRESCENT RESOURCES / Tom Stevenson PHONE: Business 6636905 Home Offsite

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TL WHITE HORSE - AT END TL Ballston 2nd lot

SUBDIVISION POINT BLOCK / SECTION 4 LOT 425 LOT AREA 46920 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 4-9/11

Septic Tank: 1000+ Gallons; STB 338 Date 1-21-05

Pump Tank: 1000+ Gallons; PT 283 Date 2-3-05

Pump Make: _____ Model P162 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@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 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

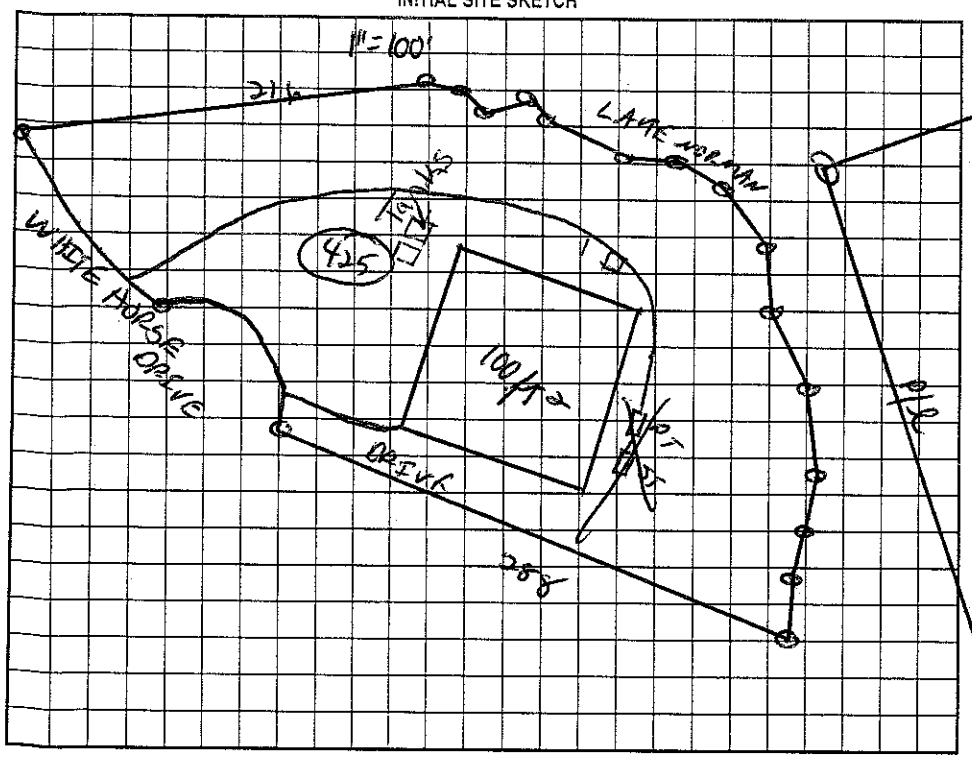
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

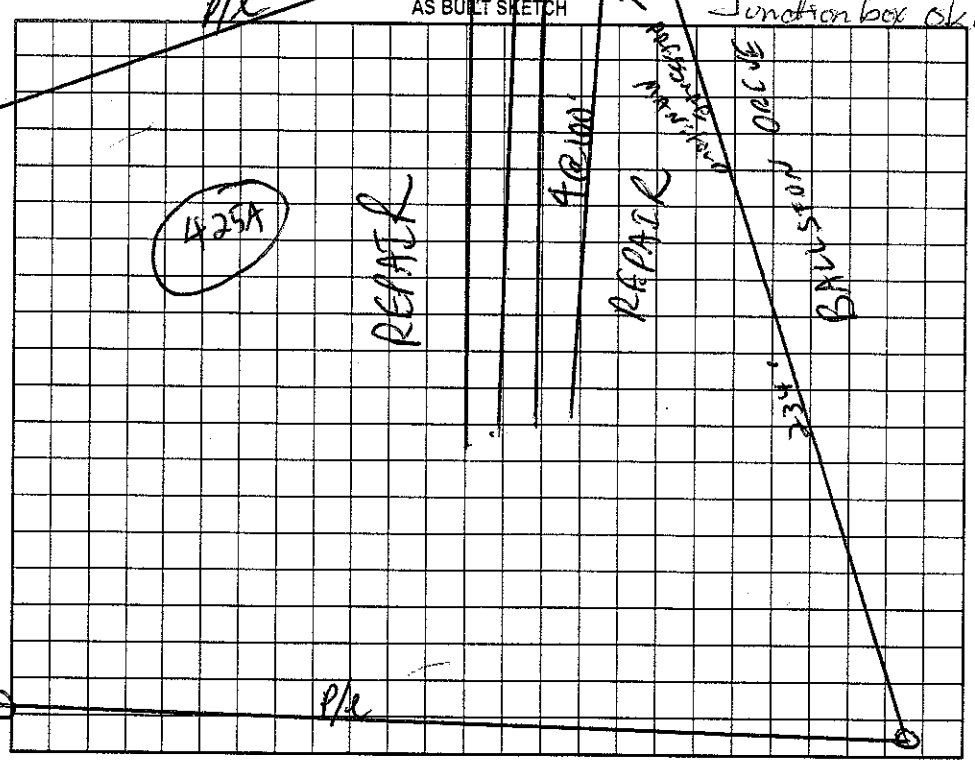
Comments:/Conditions: REMOVE ALL TELLTALES AND BERMS. Reviewed Site plans & Building plans; in Compliance with original permit. MD

Comments:/Conditions: Checked lines Only 11/17/04 Press & alarm. 7/22/05 EZ Flow installed. Junction box okay

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 1-21-05

Improvement Permit by: _____ RS date 1/13/00

Authorization to Construct by: _____ RS date 4/28/04

Installed by: R & H

Operation Permit by: _____ RS date 8/12/05

Existing System Inspection by: _____ date _____

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