IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528

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

PERMIT# 82402 PIN# ~~4625-44-7684-PT~~ 4625-77-8310 DATE 12/30/99

OWNER OR CONTRACTOR CRESCENT RESOURCES / Simonini Bldrs PHONE: Business 663-6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TL WHITE HORSE - TL BALLSTON - TR BROWNSTONE ON LT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 446 LOT AREA 41892 sf SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .25 gal/sf/d

Septic Tank: ~~1000~~ 1500 Gallons; STB 11-28-01 Date 338

Pump Tank: 1000+ Gallons; PT 11-14-01 Date 283

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 3@110' 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: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

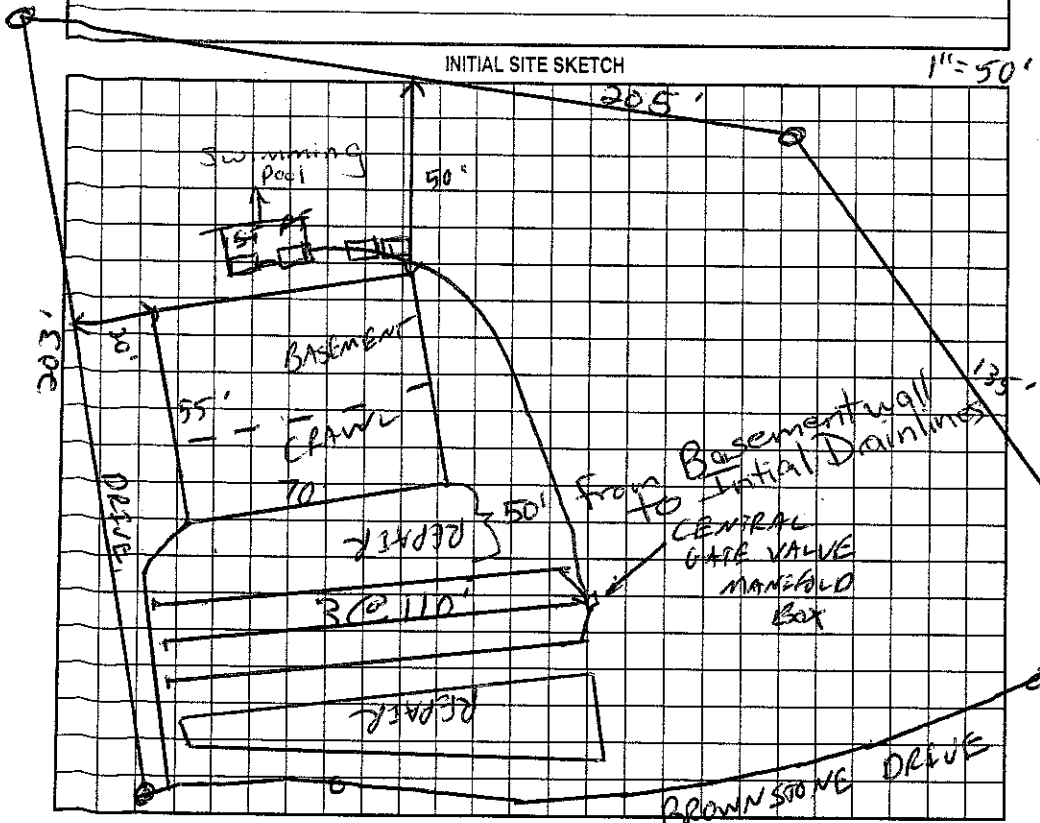
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS.

Comments:/Conditions: ~~X~~ PARTIAL BASEMENT ONLY ~~X~~ Checked Drainlines 9/7/2001.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: _____ date 1-21-00

Improvement Permit by: _____ RS date 12/30/99

Authorization to Construct by: _____ RS date 11/9/00

Installed by: R & H Inc. RS

Operation Permit by: _____ date 1/18/2002

Existing System Inspection by: _____ date _____

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