IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 052404 PIN# ~~4625944684 RF~~ 4625779074 DATE 1/19/00

OWNER OR CONTRACTOR CRESCENT RESOURCES / YOUNG BUILDERS PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX ~~(illegible)~~ 1003 CHARLOTTE NC 28202

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

SUBDIVISION POINT BLOCK / SECTION 4 LOT 448 LOT AREA 52 405 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3gpd/~~ft2~~

Septic Tank: 1500 Gallons; STB 338 Date 6/17/01

Pump Tank: 1000 Gallons; PT 27 Date 7/17/01

Pump Make: GOULD. Model WE0 512 HH Serial No. G01583355

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

No Lines 5 @ 80' 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: CP PANEL

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

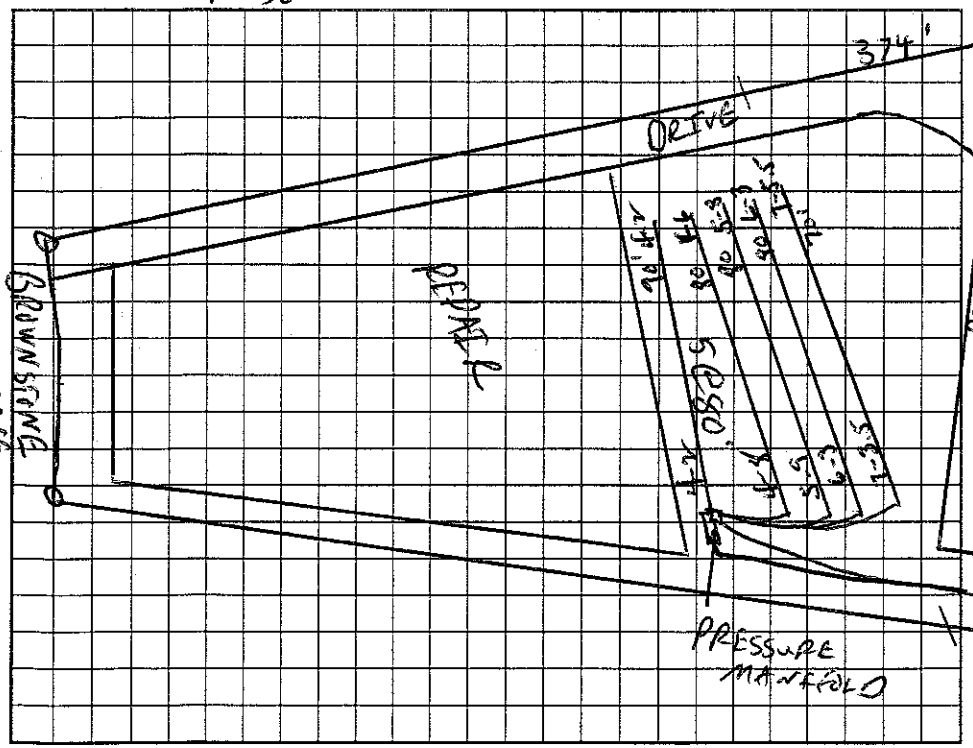
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

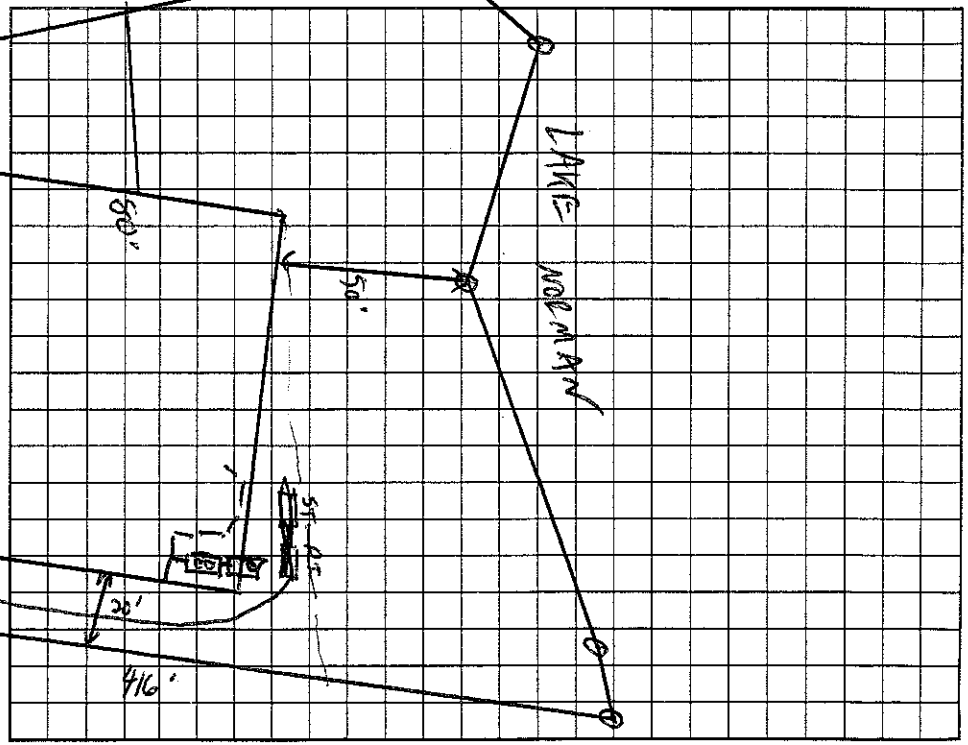
Comments:/Conditions: SHIFT LINES TO 25' OFF HOUSE FOR FULL BASEMENT - 4/28/00 SC

Set Pressure

1"=50' 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 1-21-02 Installed by: Dobson Const.

Improvement Permit by: _____ PS date 1/19/00 Operation Permit by: _____ RS date 12/7/01

Authorization to Construct by: _____ date 1/23/01 Existing System Inspection by: _____ date _____

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