11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82361 PIN# 462594168 4 PT 4625-77-9469 DATE 1/5/00

OWNER OR CONTRACTOR CRESCENT RESOURCES // Brookshire Const. PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TL WHITE HORSE - TL BALLSTONE - TR BROWNSTONE - ON RT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 439 LOT AREA 36847 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30GPD/FT

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/19/03

Pump Tank: 1000+ Gallons; PT 27 Date 10/21/03

Pump Make: Goulds Model WE05-12 Serial No. F0 352314

Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440

No Lines 4@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: PUMP 25% REDUCTION

Repair System Description: BA LP 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

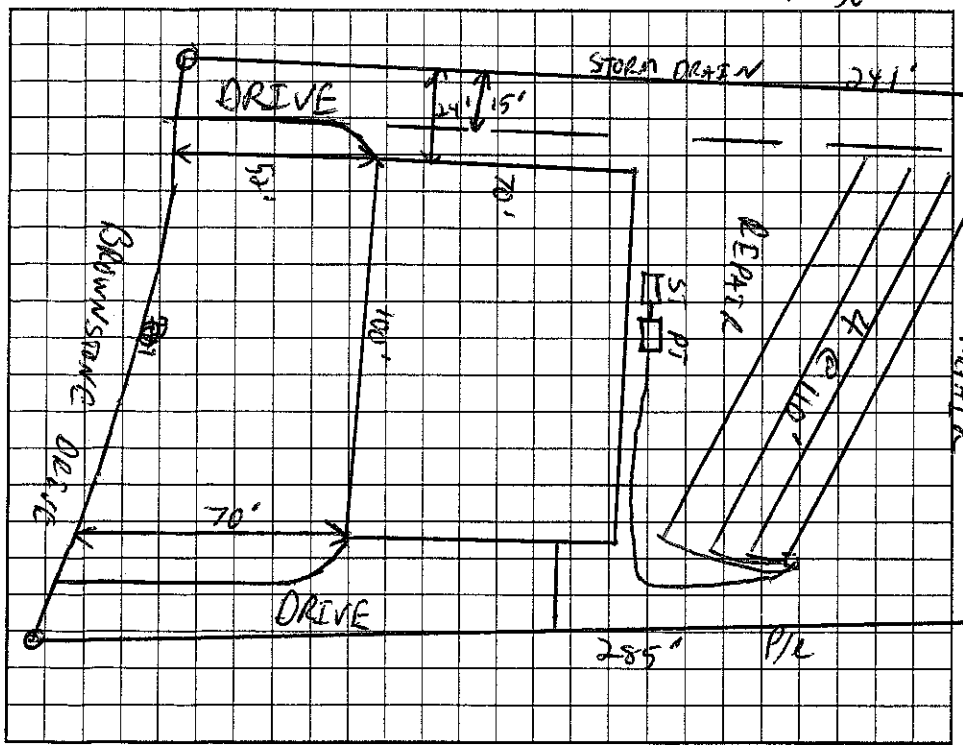
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: REMOVE ALL TERRACES AND BERMS

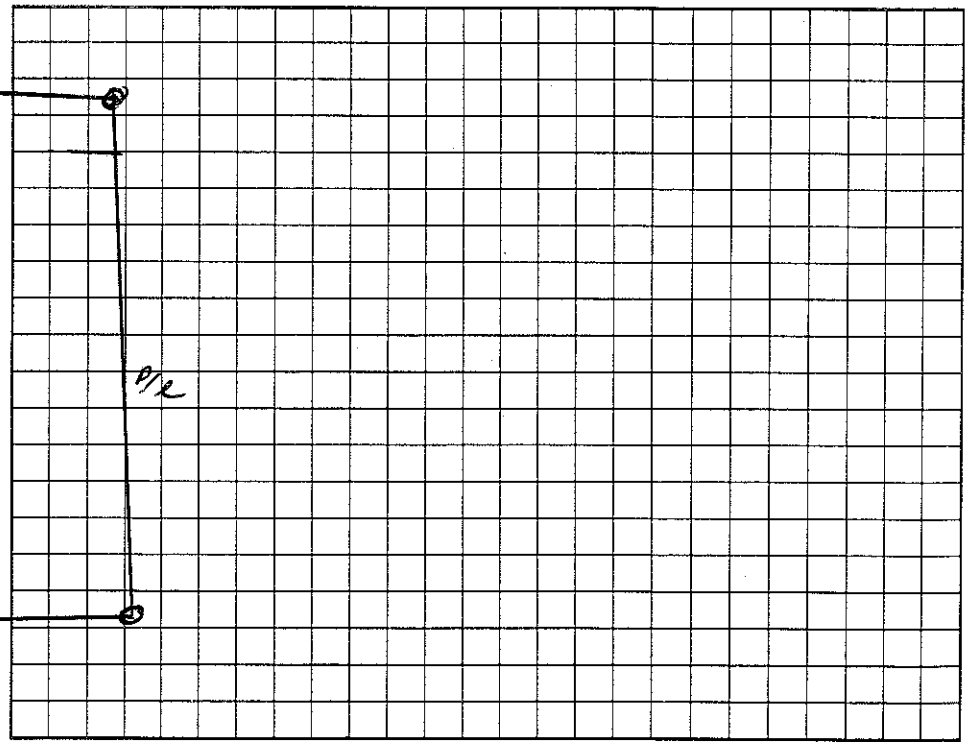
DRIVE FROM EITHER SIDE.

Comments/Conditions: CRAWL ONLY

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: _____ date 1-21-00 Installed by: Hallaran Const.

Improvement Permit by: _____ RS date 1/5/00 Operation Permit by: _____ RS date 9/25/03

Authorization to Construct by: _____ IRS date 12-9-02 Existing System Inspection by: _____ date _____

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