IREDELL COUNTY HEALTH DEPARTMENT

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

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

9:31

PERMIT# 82098 PIN# 4625944684 PT 4625-78-6800 DATE 1/11/00

OWNER OR CONTRACTOR CRESCENT RESOURCES | ELROD Custom Homes PHONE: Business 663-6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TR WHITE HORSE - ON LT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 411 LOT AREA 41,441 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30PD/FT

Septic Tank: ~~1000+1500~~ Gallons; STB 338 Date 4/10/05

Pump Tank: 1000T Gallons; PT 283 Date 4/12/05

Pump Make: Goulds Model WE Serial No. 4044572

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: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No OFFSITE

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

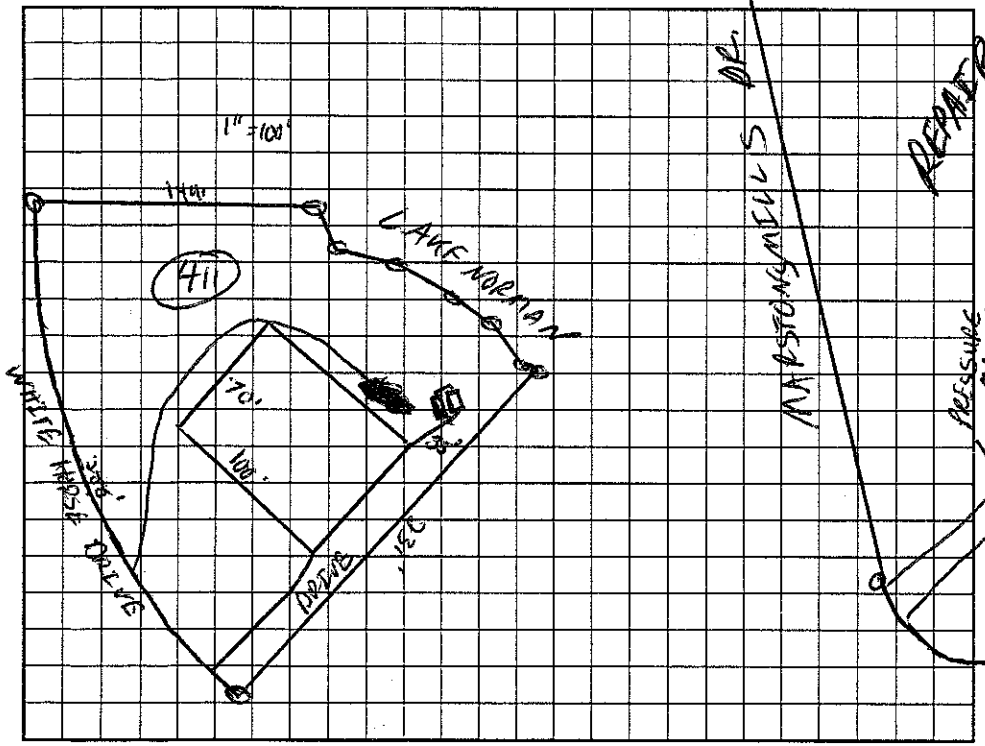
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

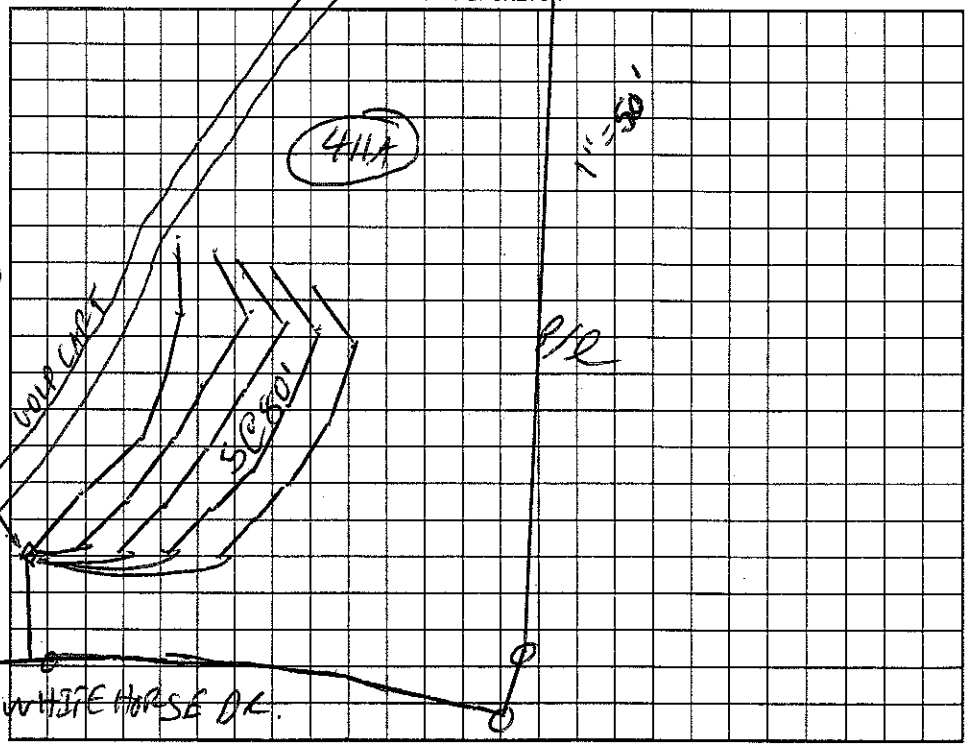
Comments/Conditions: REMOVE ALL TERRACES AND BERMS

Comments/Conditions: P/L EZ Flow Installed

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 1-21-00 Installed by: Ocbison

Improvement Permit by: _____ RS date 1/11/00 Operation Permit by: _____ RS. date 8/24/05

Authorization to Construct by: _____ RS date 7/21/04 Existing System Inspection by: _____ date _____

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