IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1162198191919 ~~1621~~ PIN# ~~4625941684 PT~~ 4625-79-1627 DATE 12/29/99

OWNER OR CONTRACTOR CRESCENT RESOURCES/August Homes PHONE: Business 663-6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TR WHITE HORSE - TR TUCKERNUCK - TR WELLFLEET CT LT

SUBDIVISION POINTE BLOCK / SECTION 4 LOT 401 LOT AREA 40984 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3gpd/ft

Septic Tank: 1000+ Gallons; STB 338 Date 5-19-04

Pump Tank: 1000 Gallons; PT 27 Date 5-26-04

Pump Make: Myers Model ME50 Serial No. 2532501009

Nitrification Field: (No) Fields 1 Square Feet 533 Linear Feet 270

No Lines 3@70' 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

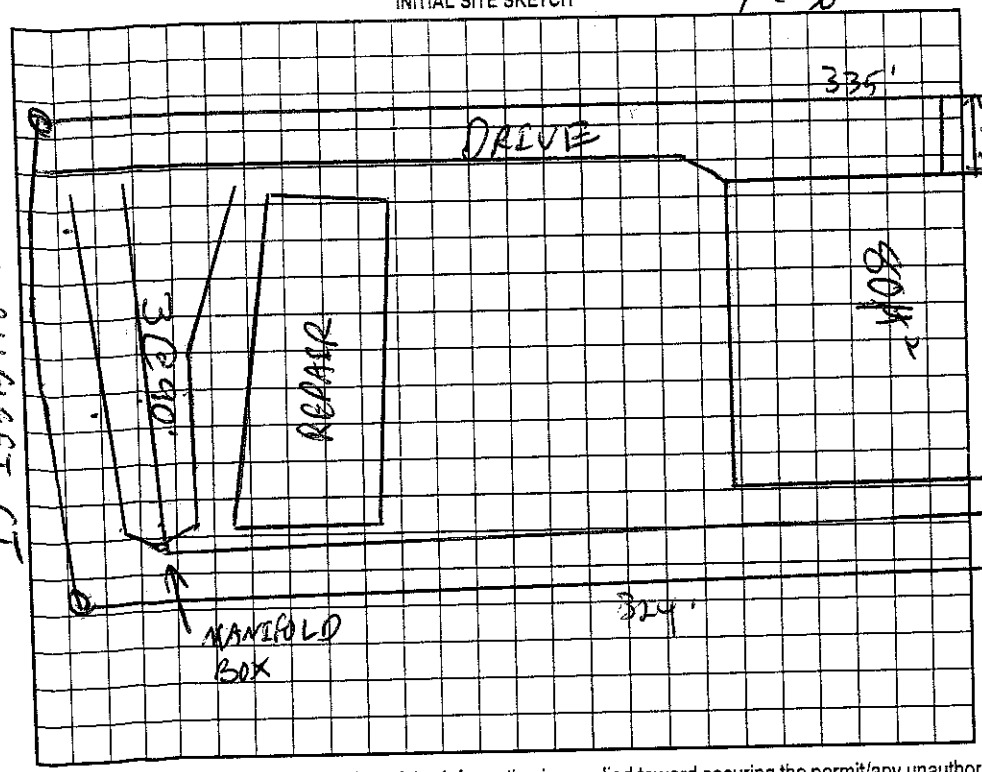
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

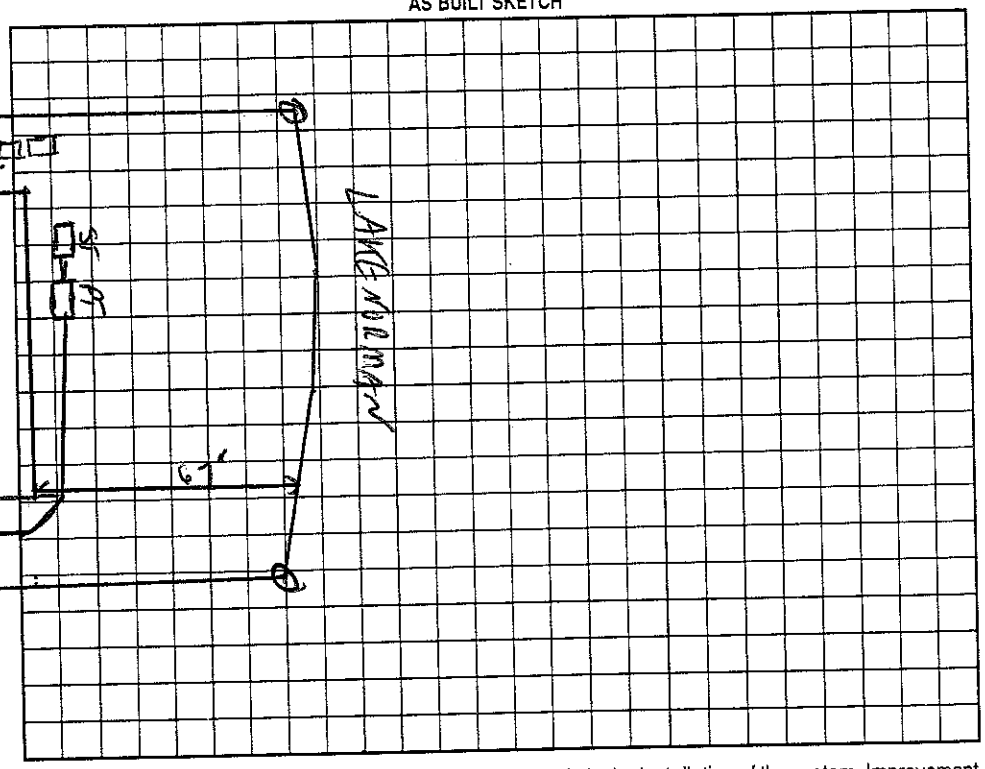
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

Comments:/Conditions: Checked lines 7/15/04
Checked tanks 7/16/04

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: _____

Improvement Permit by: _____ RS date 12/29/99 Operation Permit by: _____ date 7/30/04

Authorization to Construct by: _____ RS date 9/26/03 Existing System Inspection by: _____ date _____

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