IREDELL COUNTY HEALTH DEPARTMENT

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

1138

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

PERMIT# 81918 PIN# ~~4625941684~~ 4625-79-1749 DATE 12/29/99

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

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSONS MILL - TR WHITE HORSE - TR TUCKERNUCK - TR WELLFLEET - ON LI

SUBDIVISION POINTE BLOCK / SECTION 4 LOT 400 LOT AREA 37,368 ft² SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. ~.25 gpd/ft²

Septic Tank: 1000+ Gallons; STB 338 Date 12-03-03
Pump Tank: 1000+ Gallons; PT 2T Date 5-10-02
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP PANEL & LPP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

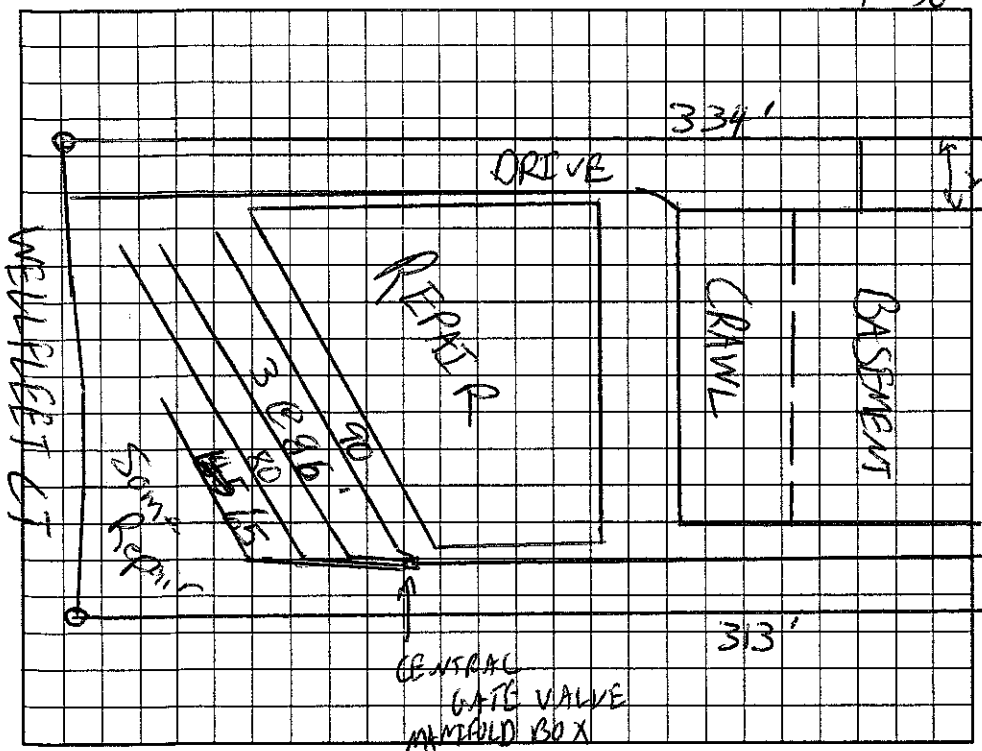
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

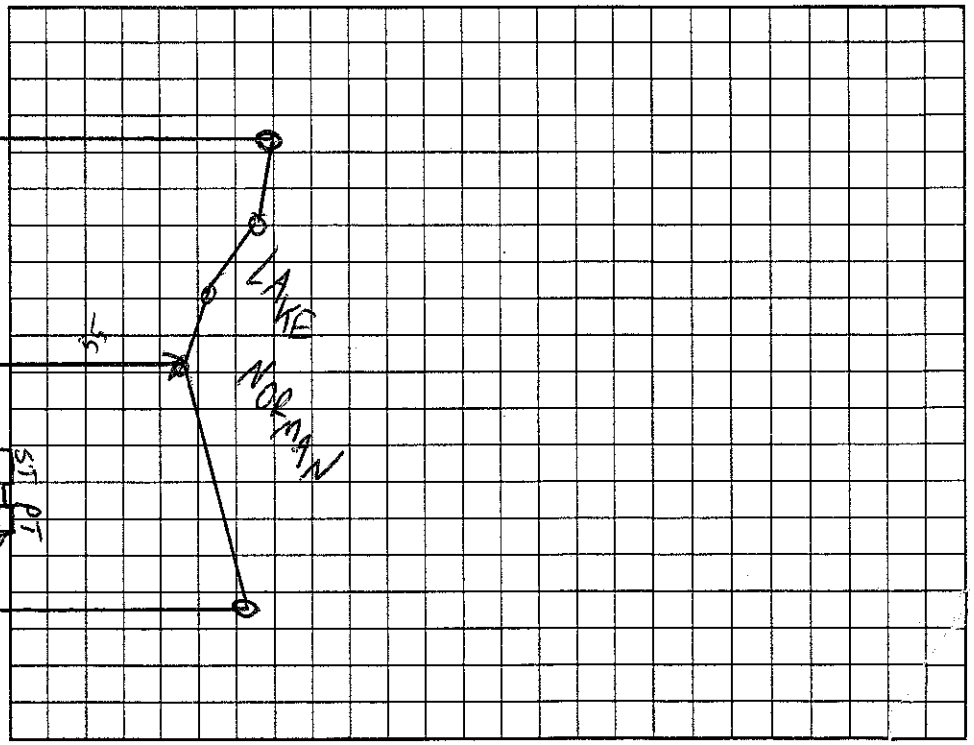
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

Comments:/Conditions: PARTIAL BASEMENT ONLY
Checked tanks 1/14/03
House Plans & Site Plan Reviewed 2/25/02 GM
Checked lines 3/12/03

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: R&H RS

Improvement Permit by: _____ date 12/29/99 Operation Permit by: _____ date 6/6/03

Authorization to Construct by: _____ date 2/25/02 Existing System Inspection by: _____ date _____

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