3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~81-97~~ 1257 (d) PIN# ~~4623-94-1684~~ PT 4625-79-1952 DATE 12/29/99

OWNER OR CONTRACTOR CRESCENT RESOURCES / AUGUSTA HOMES PHONE: Business _____ Home _____

ADDRESS PO Box 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSON MILL - TR WHITE HORSE - TR DUCKBRANCH - TR WELLFLEET ON LT

SUBDIVISION POINTE BLOCK / SECTION 4 LOT 399 LOT AREA .42 42 ~~AC~~ SF SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3

Septic Tank: 1000 + Gallons; STB 338 Date 6-12-05 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 + Gallons; PT 27 Date 5-20-05 System Description: PUMP PANEL SAME

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Maintenance Agreement Required: ☑ Yes ☐ No

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4 ☐ Mobile Home No. Bathrooms 4 ☐ Business No. Employees ____ ☐ Other _____

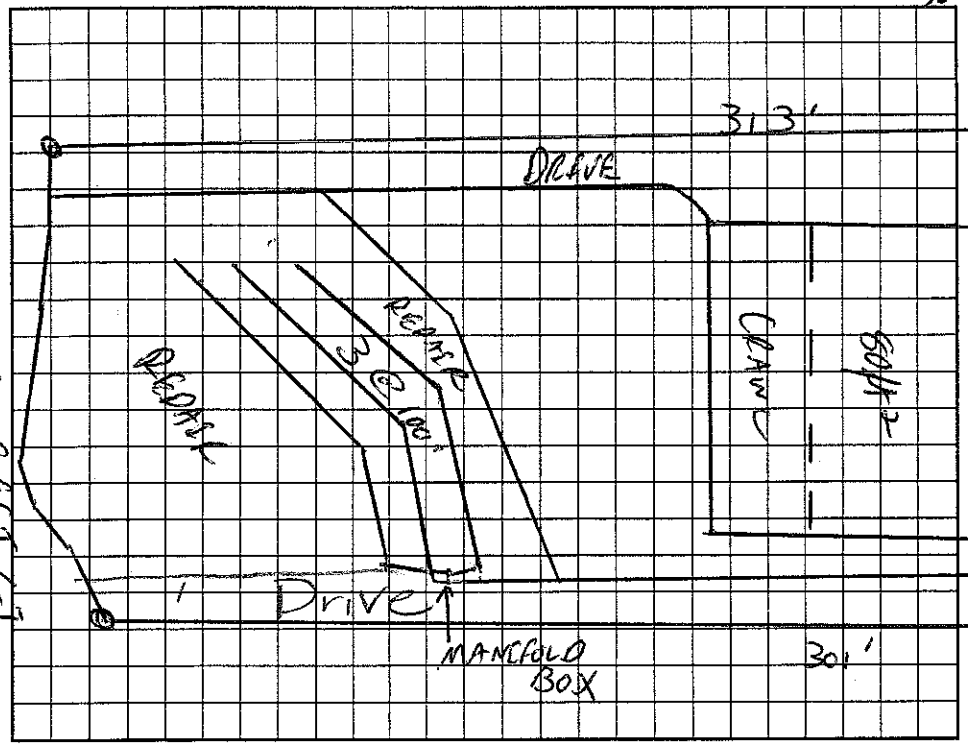
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ ~~Community~~

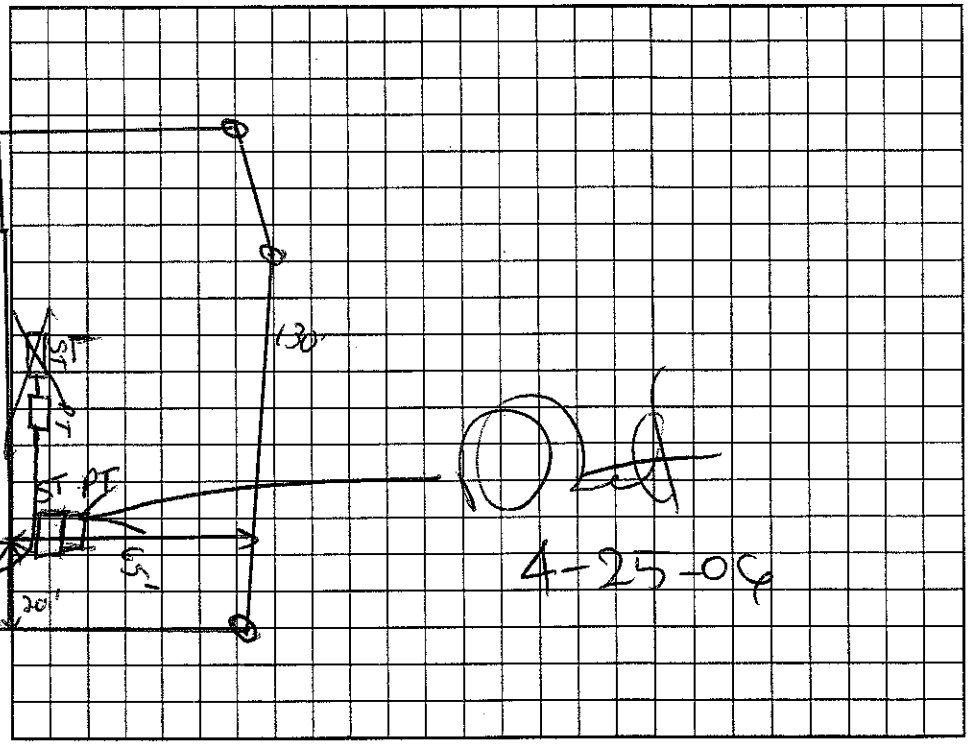
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

Comments:/Conditions: PARTIAL BASEMENT ONLY
Checked upper 2 lines 8/5/05
Checked 3rd line 8/11/05 & Tanks

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 1-24-00 Installed by: R&R

Improvement Permit by: C. Ray RS date 12/29/99 Operation Permit by: Maria H. Dolan RS date 4/25/06

Authorization to Construct by: Wesley Sparks RS date 10/29/04 Existing System Inspection by: _____ date _____

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