IREDELL COUNTY HEALTH DEPARTMENT

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

$275

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

PERMIT# 081842 PIN# ~~4625 94 1684 PT~~ 4625-79-4785 DATE 1/10/03

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

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TR WHITEHOUSE - TR TUCKER NUCK - TR WELLFLEET ON R

SUBDIVISION POINT BLOCK / SECTION 4 LOT 391 LOT AREA 30,801 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36 PD/ft²

Septic Tank: 1000 + Gallons; STB 421 Date 1-8-03
Pump Tank: 1000 + Gallons; PT 283 Date 1-18-03
Pump Make: Goulds Model WE0312 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280
No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: CP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

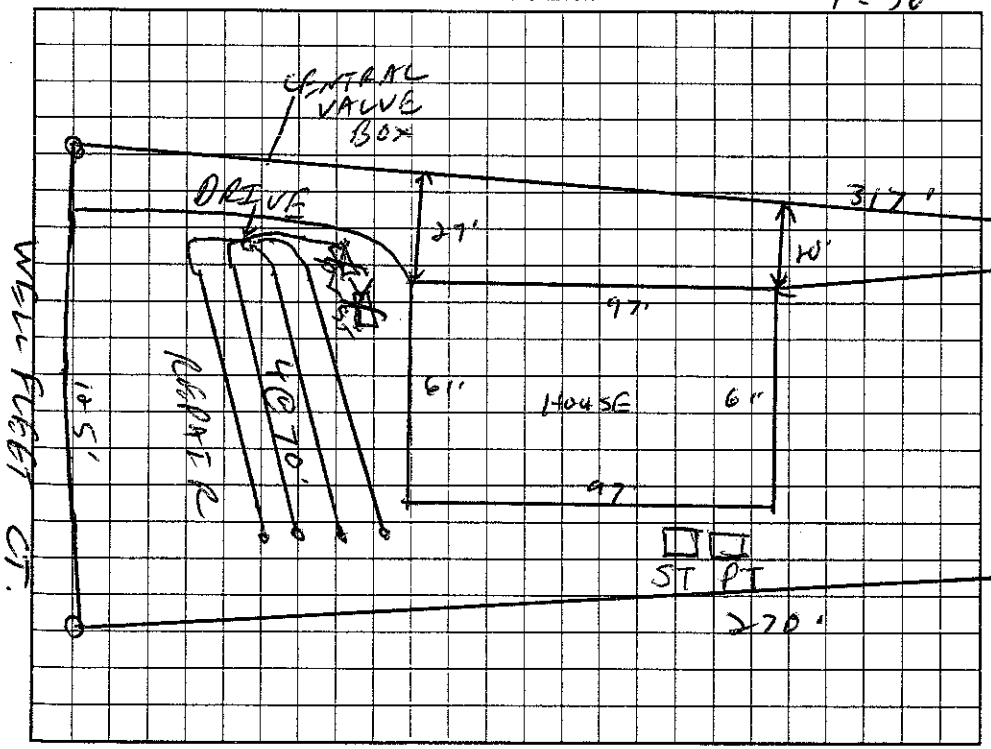
☑ House/Mod. Home No. Bedrooms Y
☐ Mobile Home No. Bathrooms Y
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

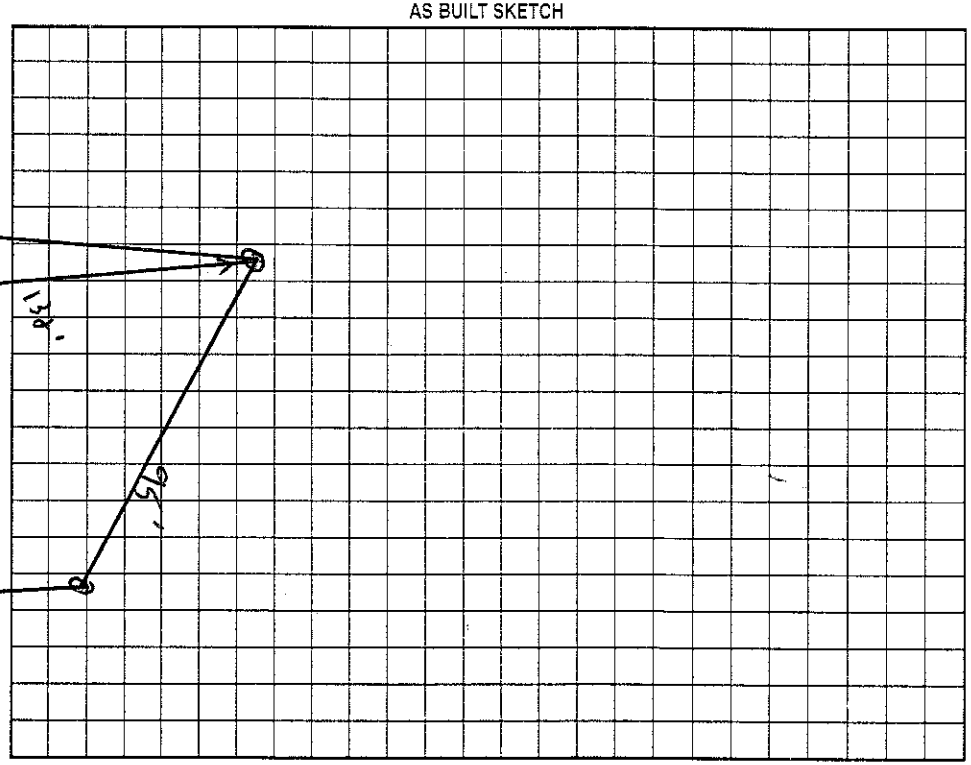
Comments:/Conditions:

Comments:/Conditions: Drainfield checked by WS 2/29/03
Tanks checked 1/2/03 by MD
Pressure, elect & alarm 3/5/04 MD

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: Erin Pearson date 1.14.03 Installed by: R+H Inc.

Improvement Permit by: [signature] RS date 1/10/03 Operation Permit by: Maria H Dotson R.S date 3/5/04

Authorization to Construct by: [signature] RS date 1/10/03 Existing System Inspection by: _____ date _____

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