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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528.

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

PERMIT# 81843 PIN# 4625941684 PT 4625-79-5825 DATE 12/10/99

OWNER OR CONTRACTOR CRESCENT RESOURCES/AUGUSTA HOMES PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TR WHITE HORSE - TR TUCKERNUCK - TR INGLEFIELD - ON RT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 392 LOT AREA 33535 ft² SITE CLASS. RS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft²

Septic Tank: ~~1000~~ +150 Gallons; STB 336 Date 11/21/00

Pump Tank: 1000 + Gallons; PT Date

Pump Make: Model Serial No.

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: GRAVITY 25% REDUCTION SAME

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

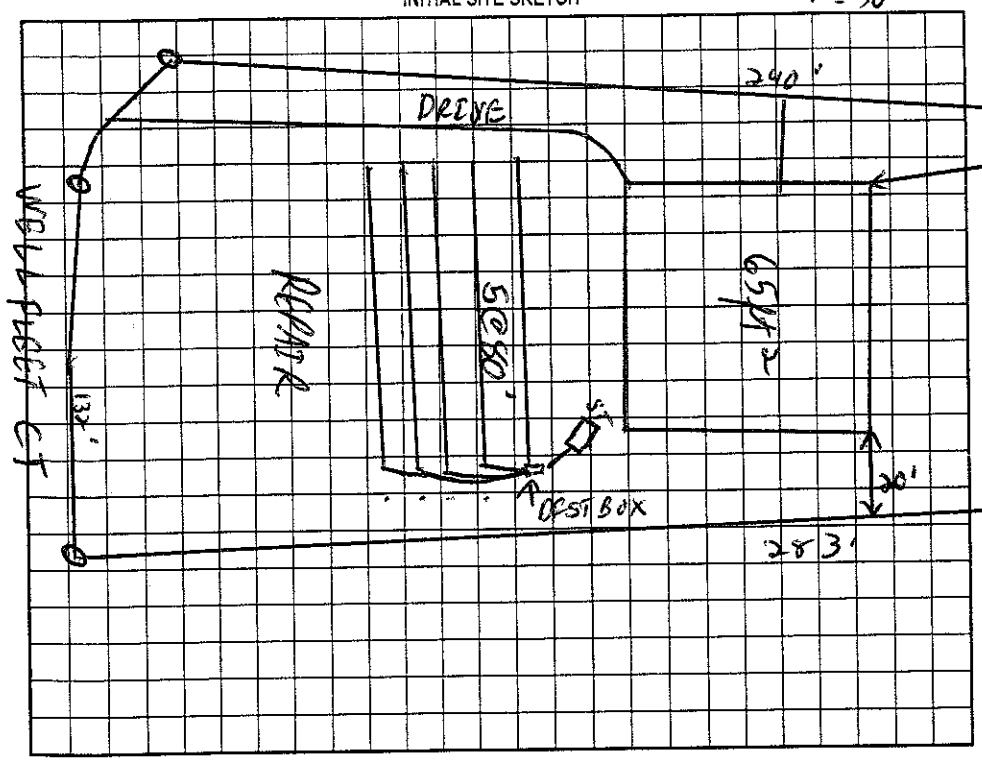
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

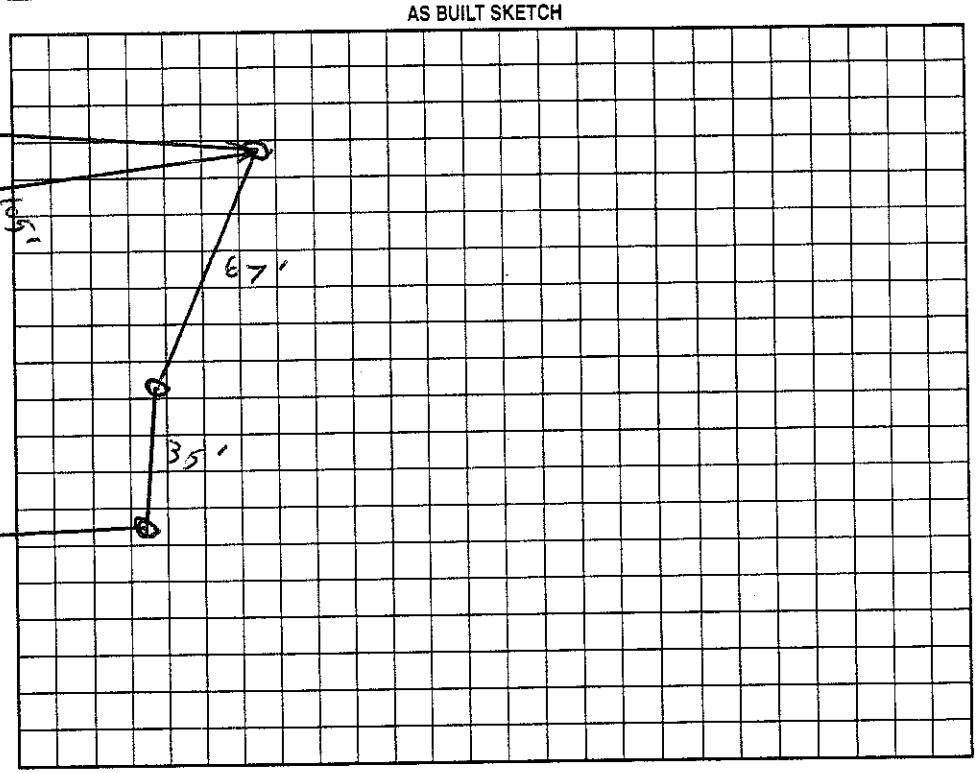
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS.

Comments:/Conditions:

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 1-27-00 Installed by: R + H

Improvement Permit by: C. Hyzer RS date 12/10/99 Operation Permit by: RS date 4/15/02

Authorization to Construct by: C. Hyzer RS date 1/20/00 Existing System Inspection by: date

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