IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81840 PIN# ~~4625941684~~ PT 4625797184 David Dibble DATE 9/7/2000

OWNER OR CONTRACTOR Crescent Resources/David Dibble PHONE: Business 663-6905 ~~Home~~ 309-0784

ADDRESS P.O. Box 1003 Charlotte NC 28202

LOCATION Brawley School Rd TR Marstons Mill on Rt just past Maddakat Loop

SUBDIVISION The Point BLOCK / SECTION 4 LOT 389 LOT AREA 51571 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 12/22/00

Pump Tank* 1500 Gallons; PT 338 Date 12/3/00

Pump Make: Bowles Model WEO-5½ HHW Serial No. B0150531

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600'

No Lines 5 at 120' 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: Pump (PM) 25% Reduction

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4.5

☐ Business No. Employees ____

☐ Other ____

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

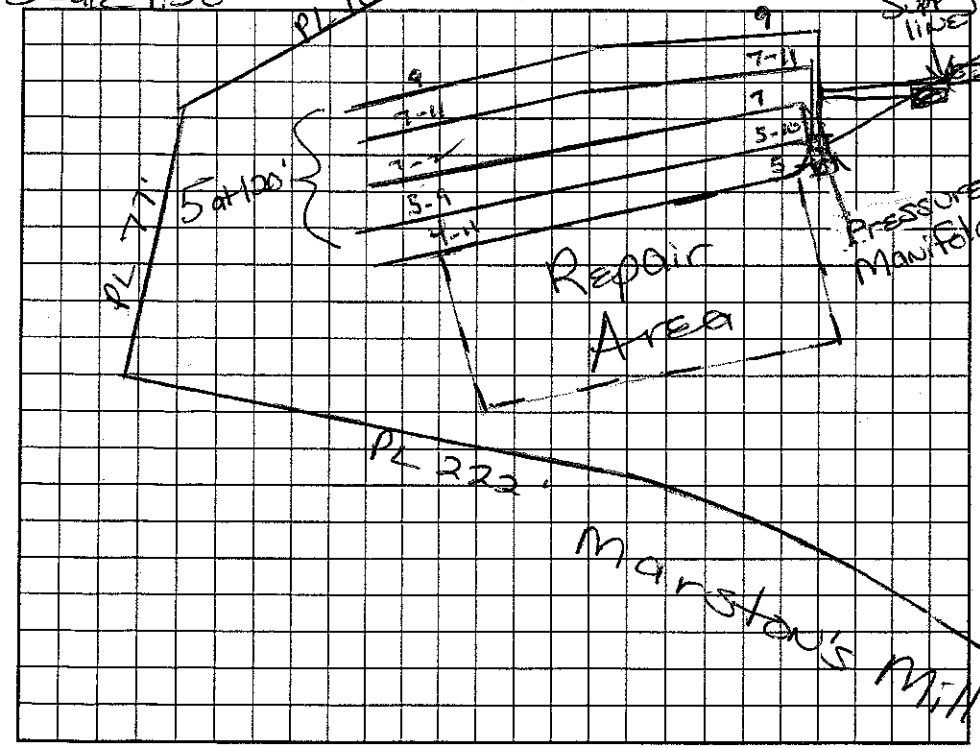
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Remove all Terraces & Berms

Comments/Conditions: Keep Septic System at least 10' From PL. Installed E-Z Flow lines

Scale 1:50'

INITIAL SITE SKETCH



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: Crystal Dibble date 9/13/00 Installed by: Orbison Construction

Improvement Permit by: Maria H. Dotson RS date 9/12/00 Operation Permit by: Maria H. Dotson RS date 5/23/2001

Authorization to Construct by: Maria H. Dotson RS date 9/12/00 Existing System Inspection by: ____ date ____

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