IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82418 PIN# 4625941684 PT 4625-86-8957 DATE 1/12/00

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSONS MILL - TL WHITE HORSE - TL BALLSON - TL BROWNSTONE ON RT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 459 LOT AREA 37141 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .360/FT

Septic Tank: ~~1500~~ 1500 Gallons; STB 338 Date 12/7/02

Pump Tank: 1000 Gallons; PT 283 Date 1/4/03

Pump Make: Goulds Model WE1512 HU Serial No. J0263440

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' 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 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~ OFFSITE

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

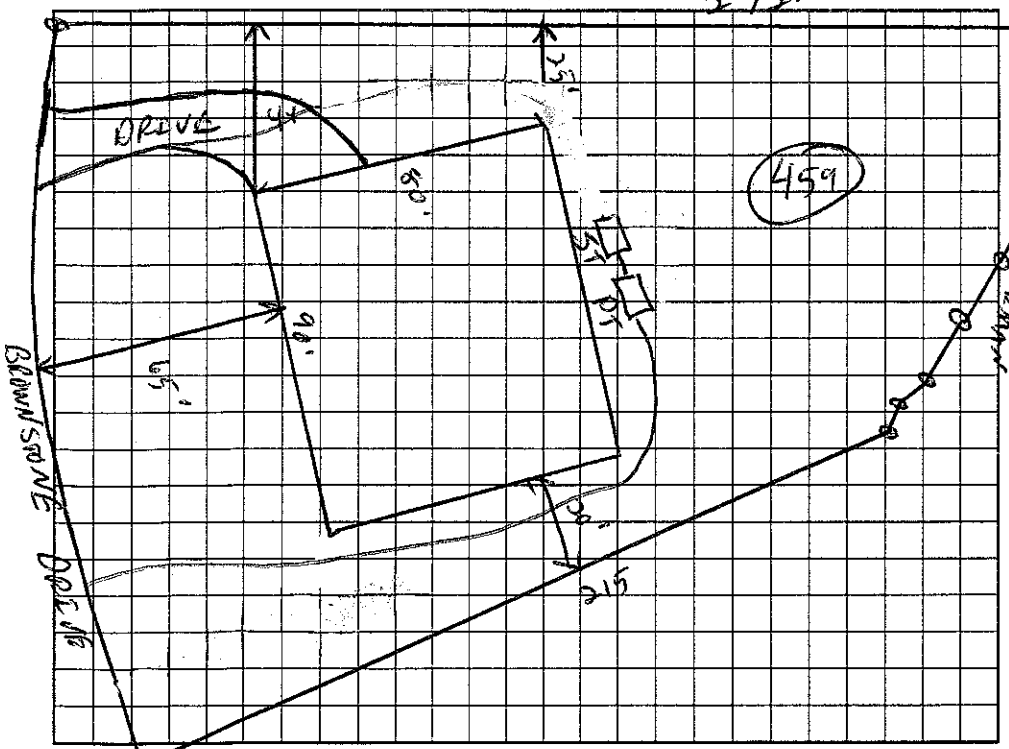
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS. Reviewed building plans & site plans essentially in compliance with permit mdt

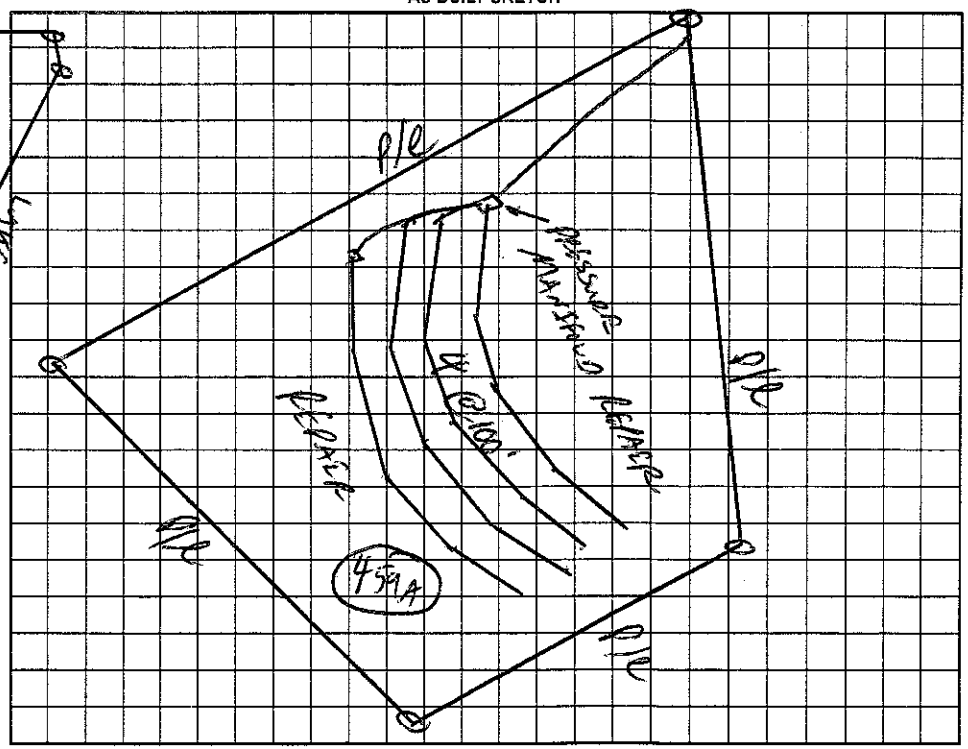
Comments:/Conditions:

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: _____ date 1-21-00 Installed by: Itall Mason Const.

Improvement Permit by: _____ RS date 1/12/00 Operation Permit by _____ date 2/26/03

Authorization to Construct by: _____ RS date 4/9/2002 Existing System Inspection by: _____ date _____

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