Start 2:00

...DELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5...

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPE...

PERMIT# 82416 PIN# ~~4625941684 PD~~ 4625-87-7147 DATE 4/13/...

OWNER OR CONTRACTOR CRESCENT RESOURCES / TOM STEVENSON BLD PHONE: Business 663 6405 JACOBS Home

ADDRESS PO Box 1003 CHARLOTTE NC 28202

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

SUBDIVISION POINT BLOCK / SECTION 1 LOT 457 LOT AREA 39230 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. ~.25 gpd/ft²

Septic Tank: 1000 T Gallons; STB 338 Date 7-10-01

Pump Tank: 1000 T Gallons; PT 283 Date 6-19-01

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 1/4

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LP PANEL

Repair System Description: OFFSITE 25% REDUCTION

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

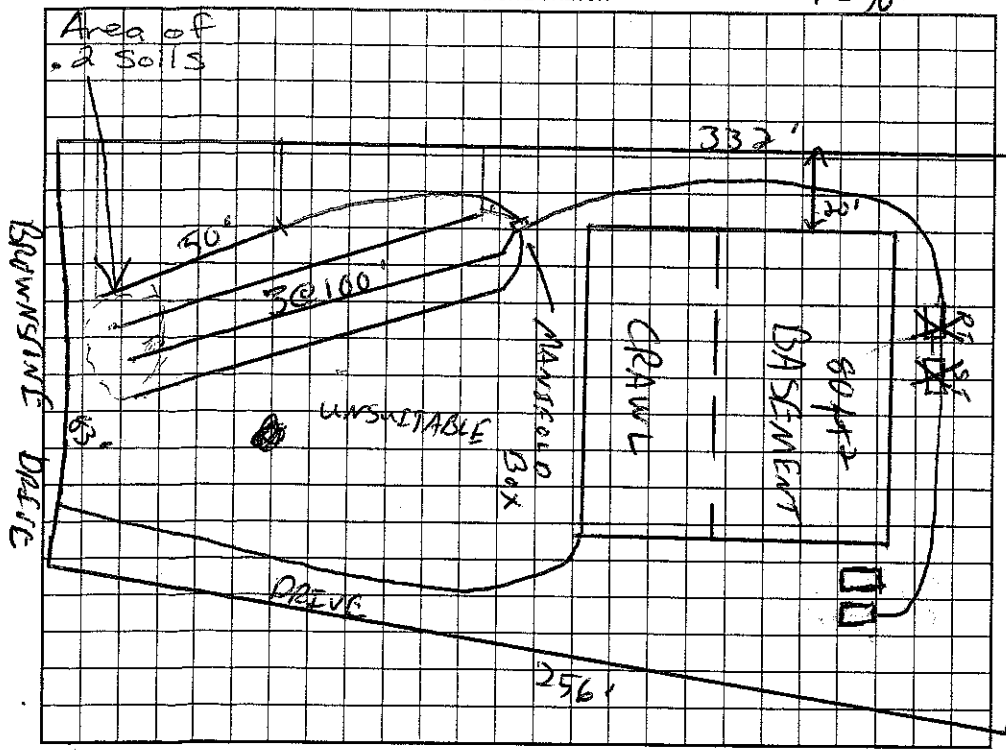
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

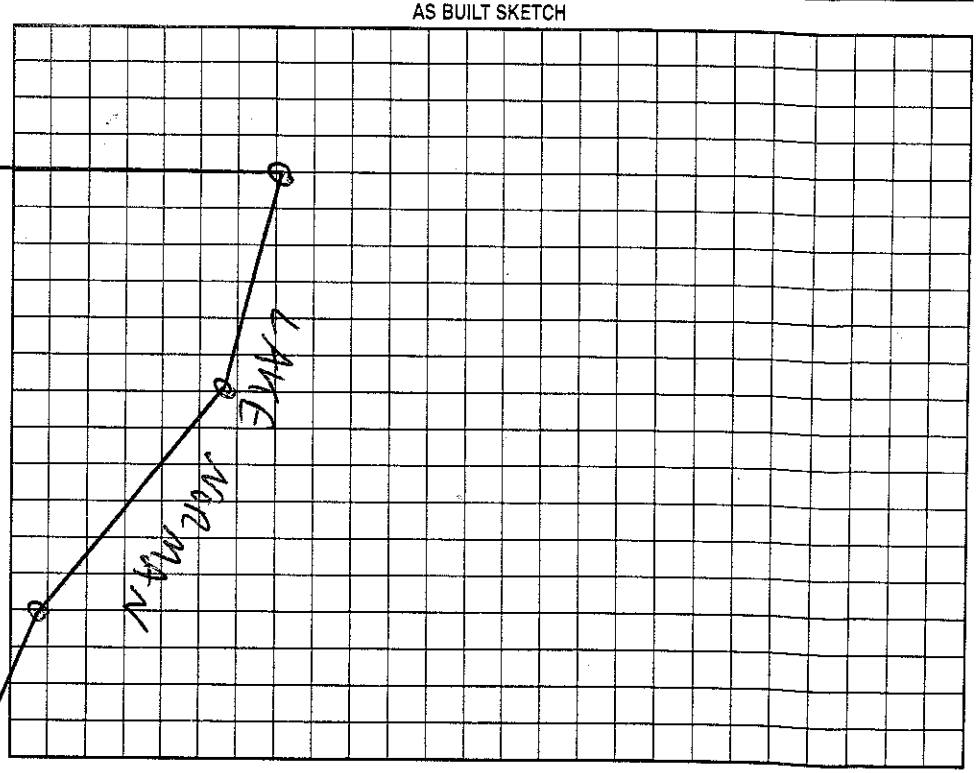
Comments/Conditions: REMOVE ALL TERRACES AND BERMS

Comments/Conditions: (½ BASEMENT ONLY)
Filter Not installed
Tanks & lines checked 8/23/2001

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-... Installed by: R & H

Improvement Permit by: _____ RS date 1/13/00 Operation Permit by: _____ RS date 11/29/01

Authorization to Construct by: _____ RS date 1/4/01 Existing System Inspection by: _____ date _____

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