IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82456 PIN# 4625947684 PI Homes 4625878926 DATE 1/4/00

OWNER OR CONTRACTOR CRESCENT RESOURCES // David Dibble Custom PHONE: Business 663-6905 JACOBS Home

ADDRESS BRAWLEY SCHOOL - TR MARSHNS MILL - TL WHITE HORSE. TL BATESON - TC BILLINGSGATE - A 2ND LOCATION 106 Billingsgate Ct.

SUBDIVISION POINT BLOCK / SECTION 4 LOT 473 LOT AREA 53 654 SITE CLASS. RS DESIGN FLOW 450 GPD T.A.R. .30 in/wk

Septic Tank: 1000+150 Gallons; STB 338 Date 6/26/02

Pump Tank: 1000+ Gallons; PT 283 Date 9/15/02

Pump Make: Gould's Model WE07L Serial No. 60158447

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: PUMP 25% REDUCTION

Repair System Description: LP PANEL

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

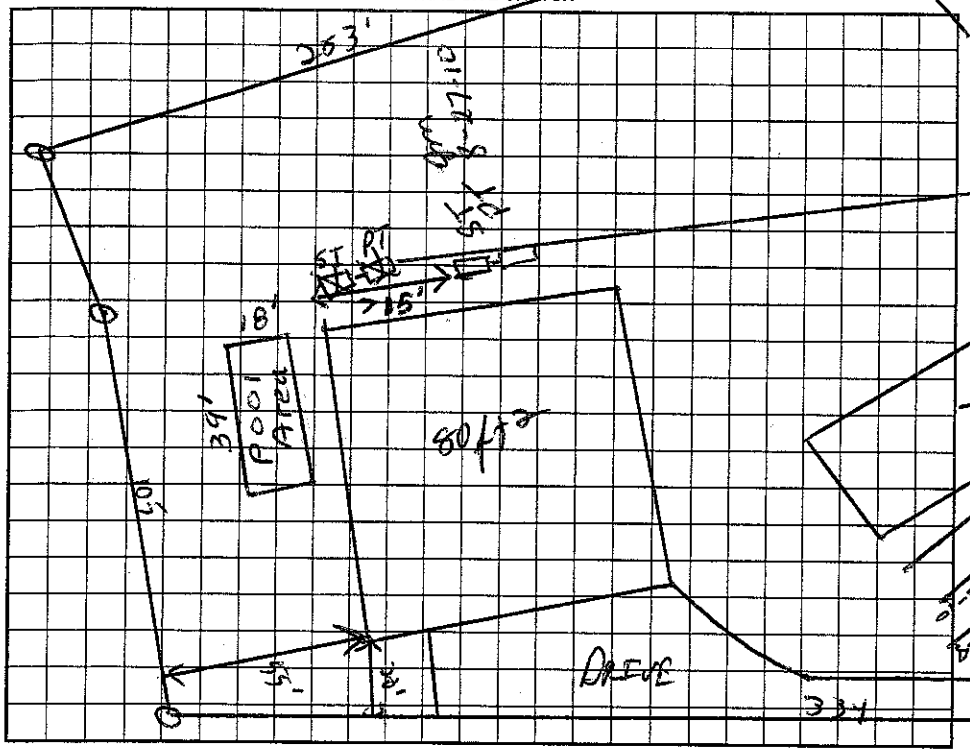
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS.

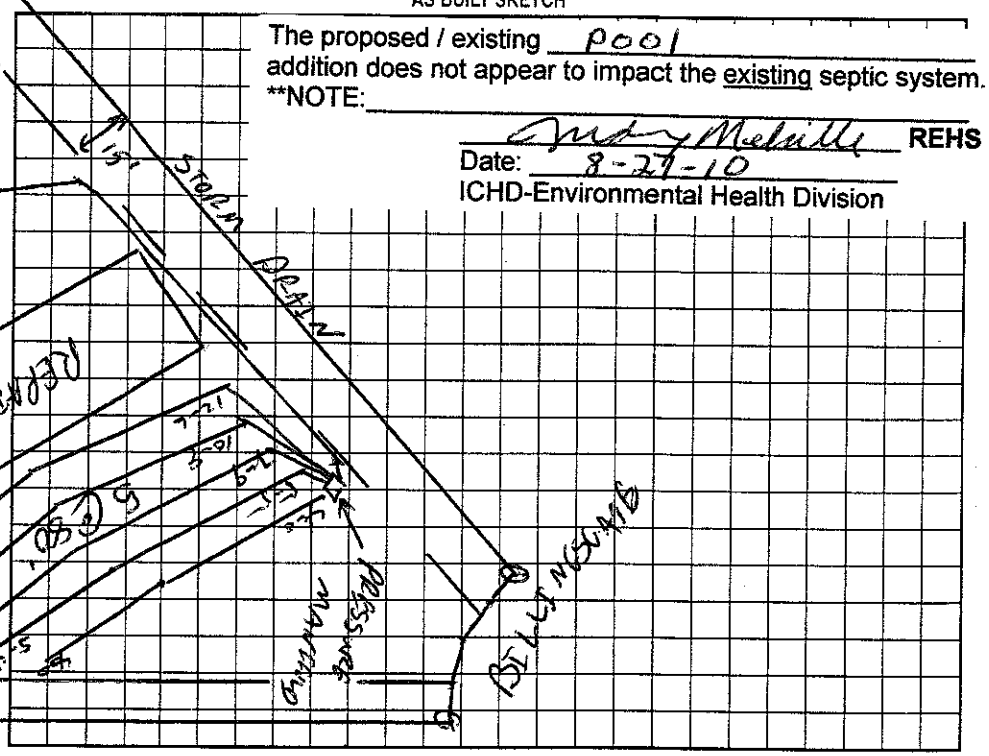
1" = 50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing POOL addition does not appear to impact the existing septic system.

**NOTE: ____

Cindy Melville REHS

Date: 8-27-10

ICHD-Environmental Health Division

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 1-25-00 Installed by: Ordison Const.

Improvement Permit by: ____ date 1/4/00 Operation Permit by: Wesley Sparks RS. date 12/16/02

Authorization to Construct by: ____ date 2/25/02 Existing System Inspection by: ____ date ____

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