IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:00

PERMIT# 82468 PIN# 4625941684 PT 4625-88-1935 DATE 1/5/00

OWNER OR CONTRACTOR CRESCENT RESOURCES / Kingswood Homes PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE 28202

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - ON LT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 484 LOT AREA 30,524 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft2

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 10/27/02

Pump Tank: 1500 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

Repair System Description: ~~GRAVITY~~ 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

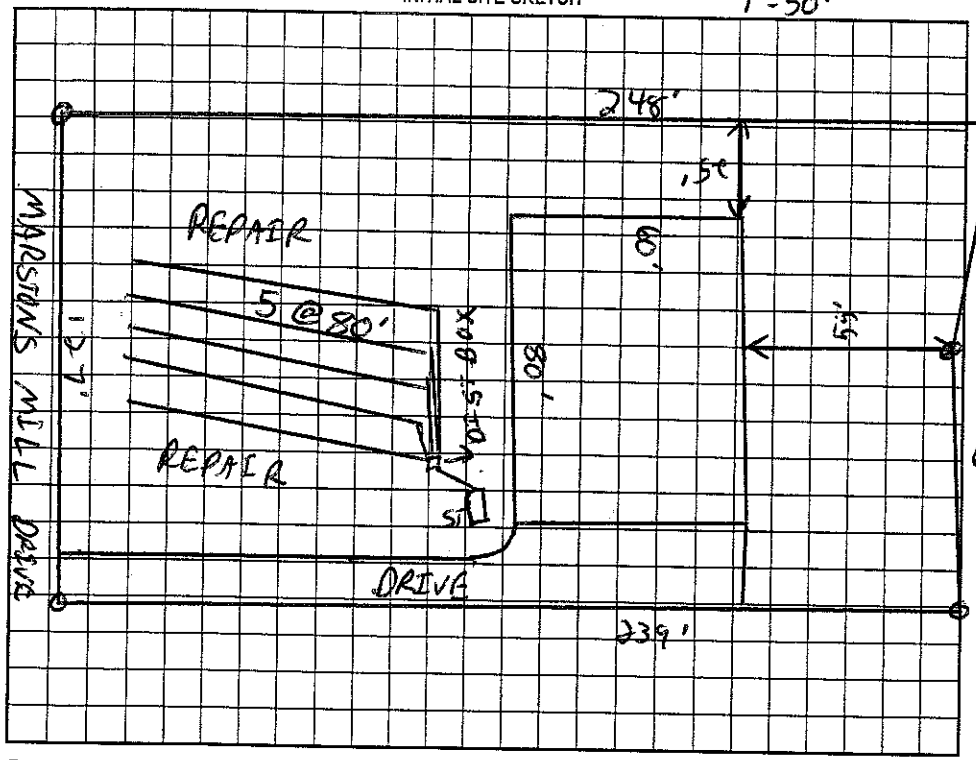
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

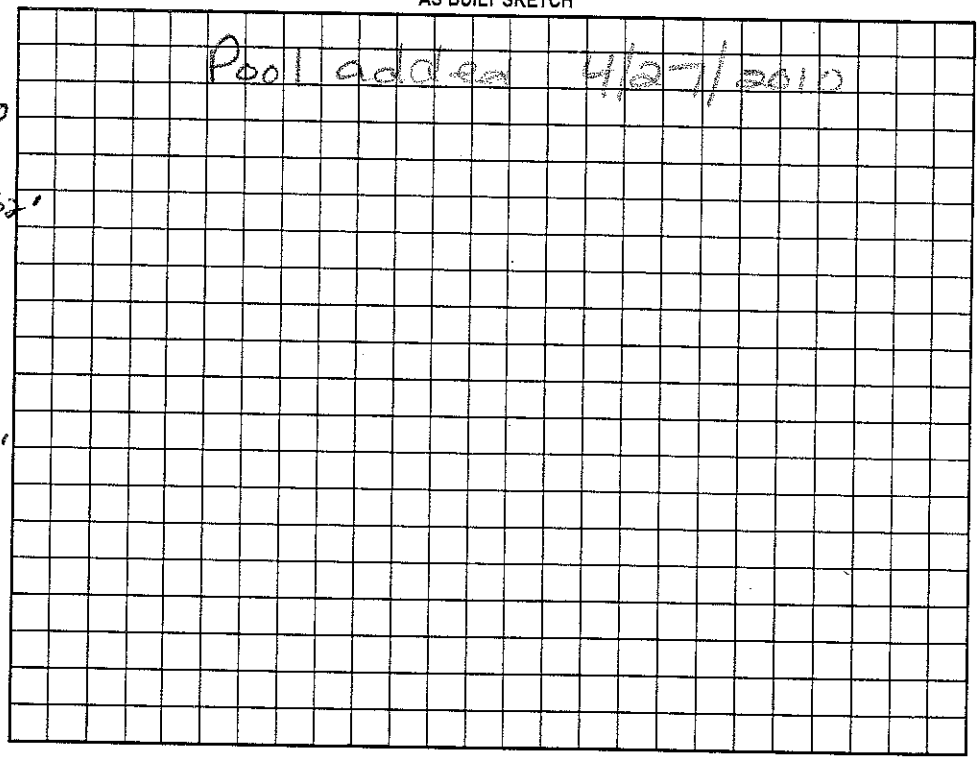
Comments:/Conditions: CRAWL SPACE ONLY

Drive switched to opposite side, hugging property line - GM 6/17/04

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 1-28-00

Improvement Permit by: C. Bailey Thomas KS date 1/5/00

Authorization to Construct by: KS date 6/17/04

Installed by: Hallman Const

Operation Permit by: KS date 12/3/02

Existing System Inspection by: ____ date ____

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