IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8246C/11647 PIN# 4625941684 PT 4625-88-3399 DATE 1/4/00

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

ADDRESS PO BOX 1003 CHARLOTTE 28202

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

SUBDIVISION POINT BLOCK / SECTION 4 LOT 477 LOT AREA 40468 SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. .3000/PT

Septic Tank: ~~1000~~ 1500 Gallons; STB 358 Date 1-20-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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: GRAVITY 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 _____

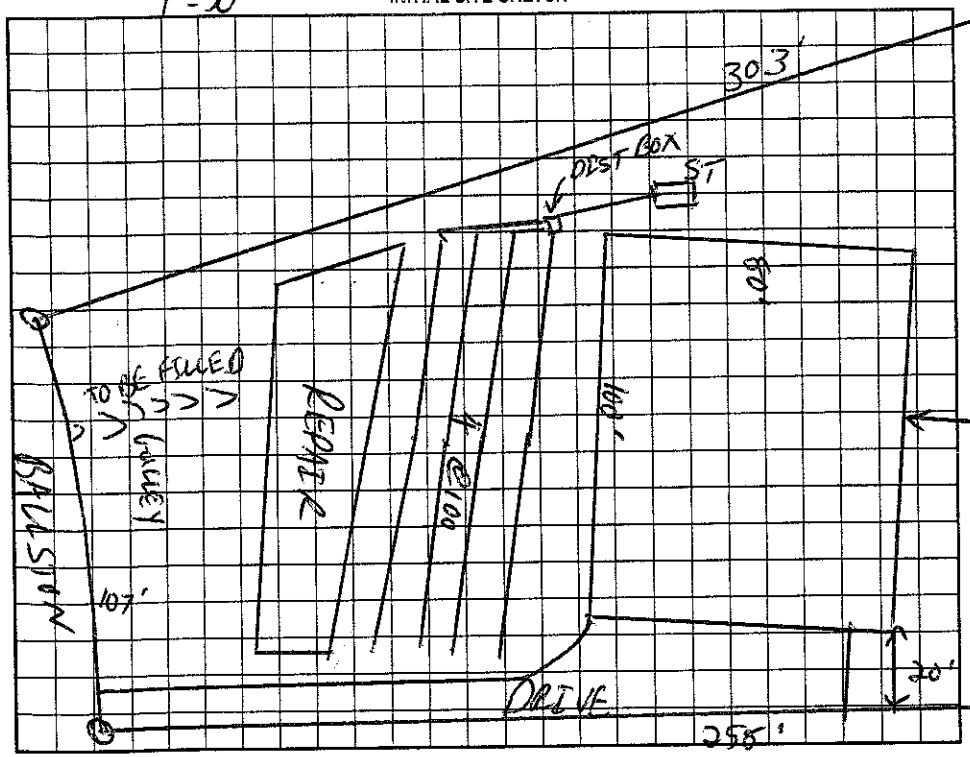
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

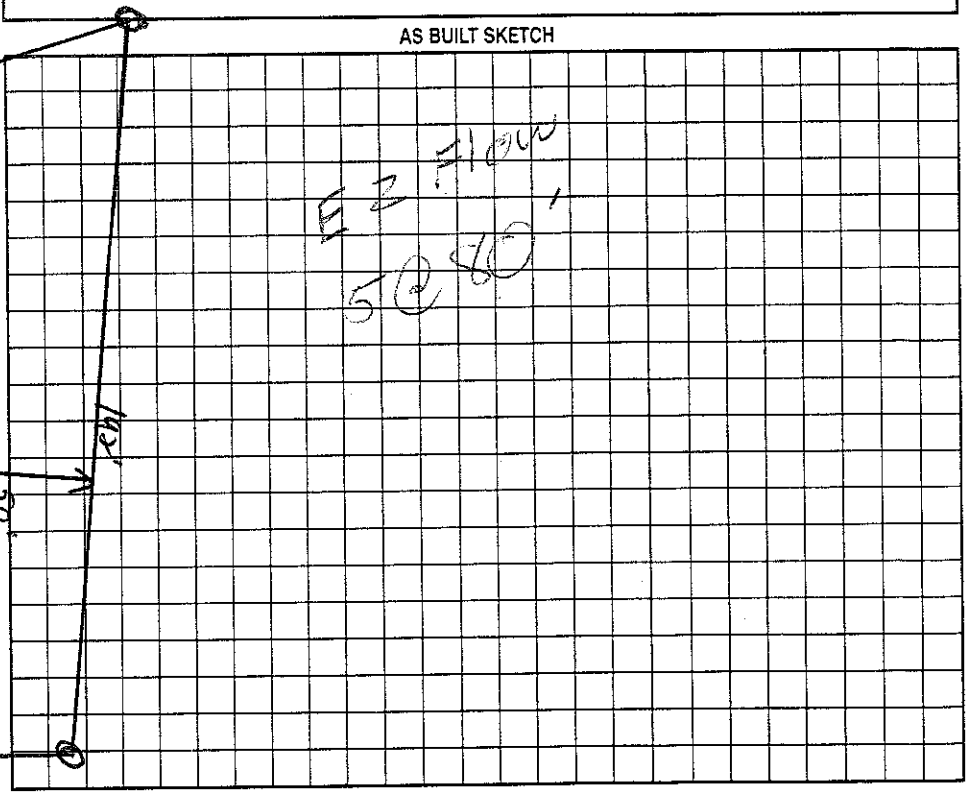
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS.

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: Orbison

Improvement Permit by: _____ RS date 1/4/00 Operation Permit by: _____ RS date 2/25/04

Authorization to Construct by: _____ RS date 01-03 Existing System Inspection by: _____ date _____

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