IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 245.00 Paid MOORESVILLE 704-52

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

PERMIT# 08/635 PIN# ~~4625-89-4684-11~~ 4625-89-3262 DATE 11/3/03

OWNER OR CONTRACTOR CRESCENT RESOURCES / KINGWOOD HOMES PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSTON'S MILL - ON CORNER OF MADDRAT DR

SUBDIVISION POINT BLOCK / SECTION 4 LOT 383 LOT AREA 42105 SQ FT SITE CLASS. PS DESIGN FLOW 600 GPD L.T.A.R. .256/0.152

Septic Tank: ~~1000~~ 1500 Gallons; STB 336 Date 4/4/04

Pump Tank: ~~1000~~ 1500 Gallons; PT 421 Date 4/11/04

Pump Make: Goulds Model WE0712HM Serial No. C043462

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth MIA

☐ ~~New System~~ ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ ~~House/Mod. Home~~ No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees ____

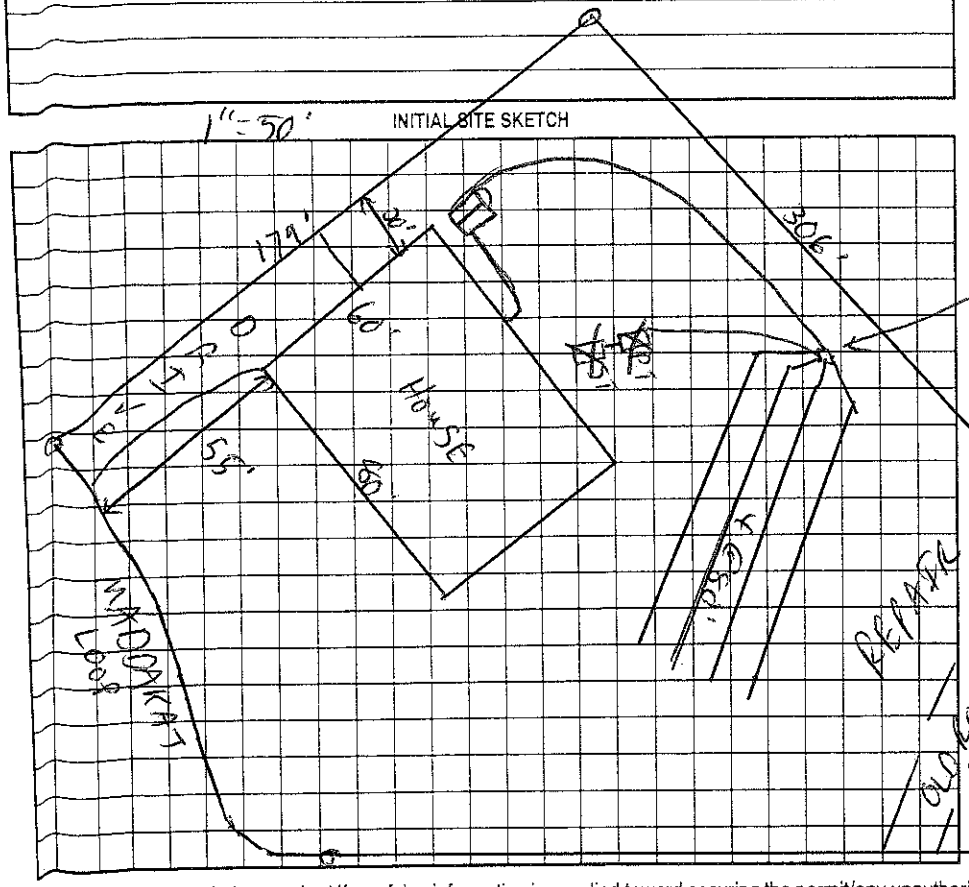
☐ Other ____

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

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

1"=50' INITIAL SITE SKETCH



Comments:/Conditions:

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

**NOTE: NEAR POOL IS FROM SEPTIC

R.S.

Date: 7/14/13

ICHD-Environmental Health Division

Installed As Drawn

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: Jim Orr date 11/5/03 Installed by: Kevin Hallman

Improvement Permit by: RS date 11/3/03 Operation Permit by: RS date 5/19/04

Authorization to Construct by: RS date 11/3/03 Existing System Inspection by: ____ date ____

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