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# 62472 PIN# 4625941684 PT 4625-88-7064

OWNER OR CONTRACTOR CRESCENT RESOURCES DATE 1/11/00

ADDRESS PO BOX 1003 CHARLOTTE NC 28202 PHONE: Business 663 6905 JACOBS Home

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - ON LT CORNER

SUBDIVISION POINT BLOCK / SECTION 4 LOT 488 LOT AREA 39210 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gpd/ft²

Septic Tank: ~~1000~~ + 1500 Gallons; STB 388 Date 3/15/03

Pump Tank: 1000 + Gallons; PT 283 Date 4/03

Pump Make: ~~Cowles~~ Model WEO 512 HHH Serial No. E025156O

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6@70' 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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

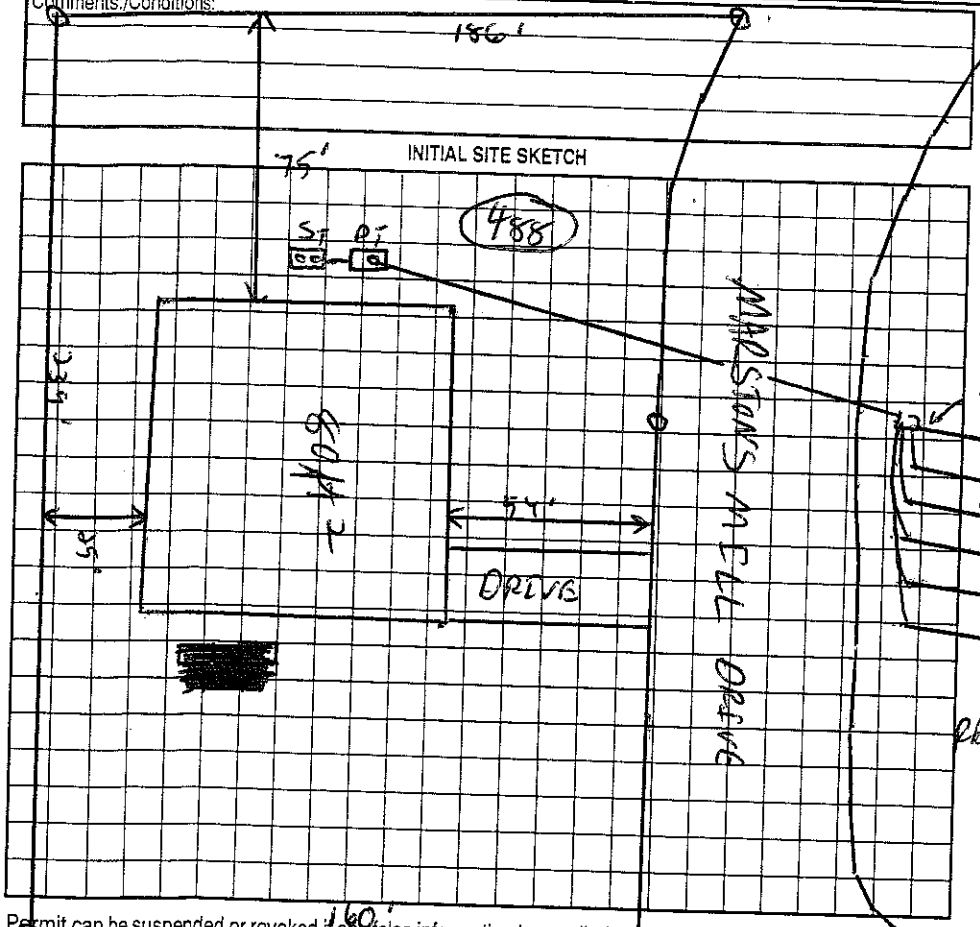
☐ Other

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

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

INITIAL SITE SKETCH



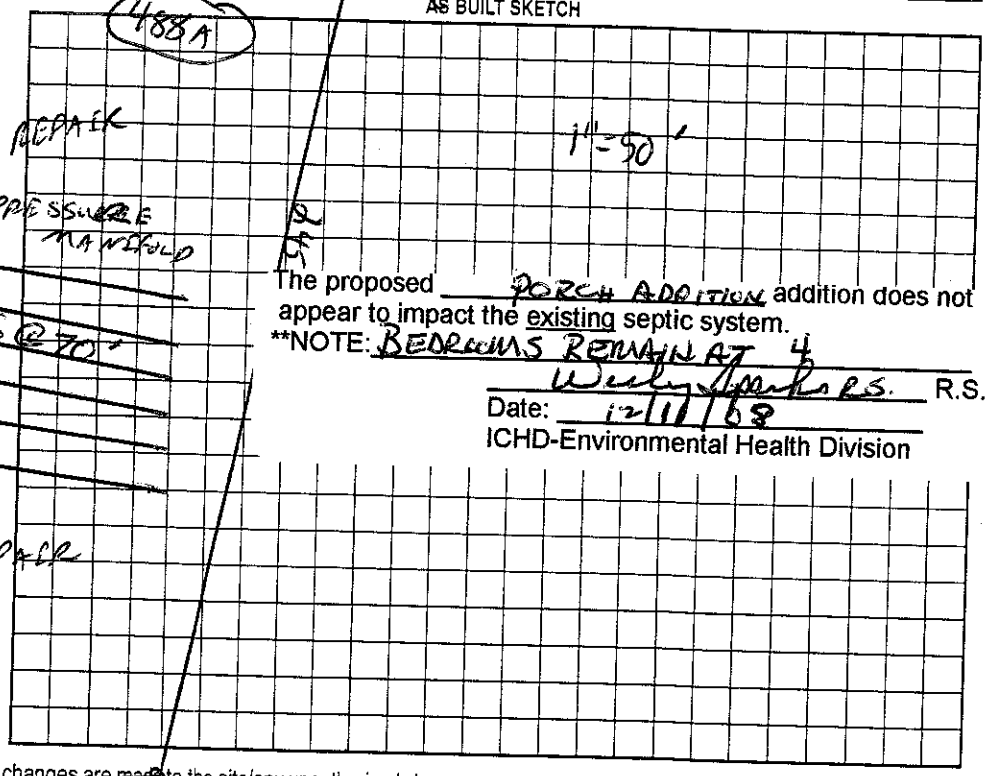
Comments:/Conditions:

REMOVE ALL TERRACES AND BERMS.

Press. Tanks & lines checked by WS

Filter to be installed

AS BUILT SKETCH



The proposed PORCH ADDITION addition does not appear to impact the existing septic system.

**NOTE: BEDROOMS REMAIN AT 4

Wesley Marks R.S. R.S.

Date: 12/11/68

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 _____ Installed by: Orlison Const

Improvement Permit by: C. Bly RS date 1/11/00 Operation Permit by: Maria H. Orlison R.S. date 6/6/03

Authorization to Construct by: C. Bly RS date 10/4/02 Existing System Inspection by: _____ date _____

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