IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82472 PIN# 4625941684 PT 4625-88-7064 DATE 1/11/00

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

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL - TR MARSONS MILL - ON LT CORNER

SUBDIVISION POINT BLOCK / SECTION 4 LOT 488 LOT AREA 39210 SITE CLASS. DS 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: GOULDS Model WE05512HHU Serial No. E025156D

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

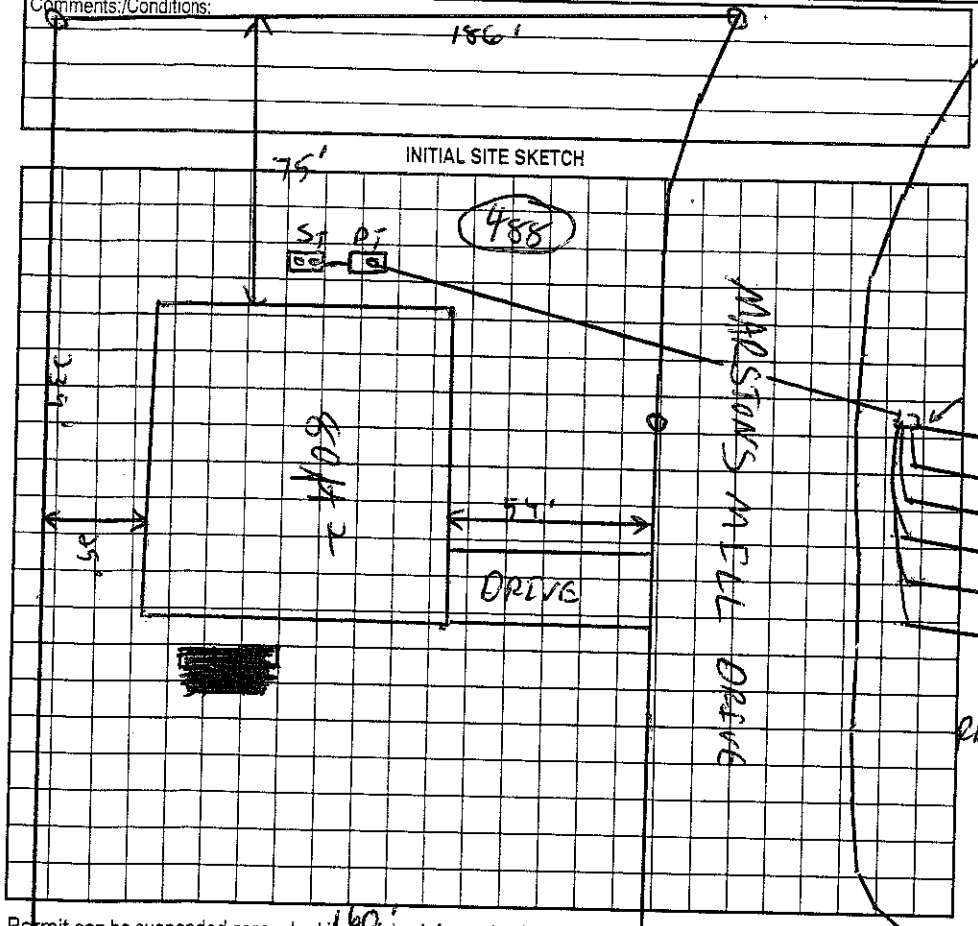
☐ Other

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

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

INITIAL SITE SKETCH



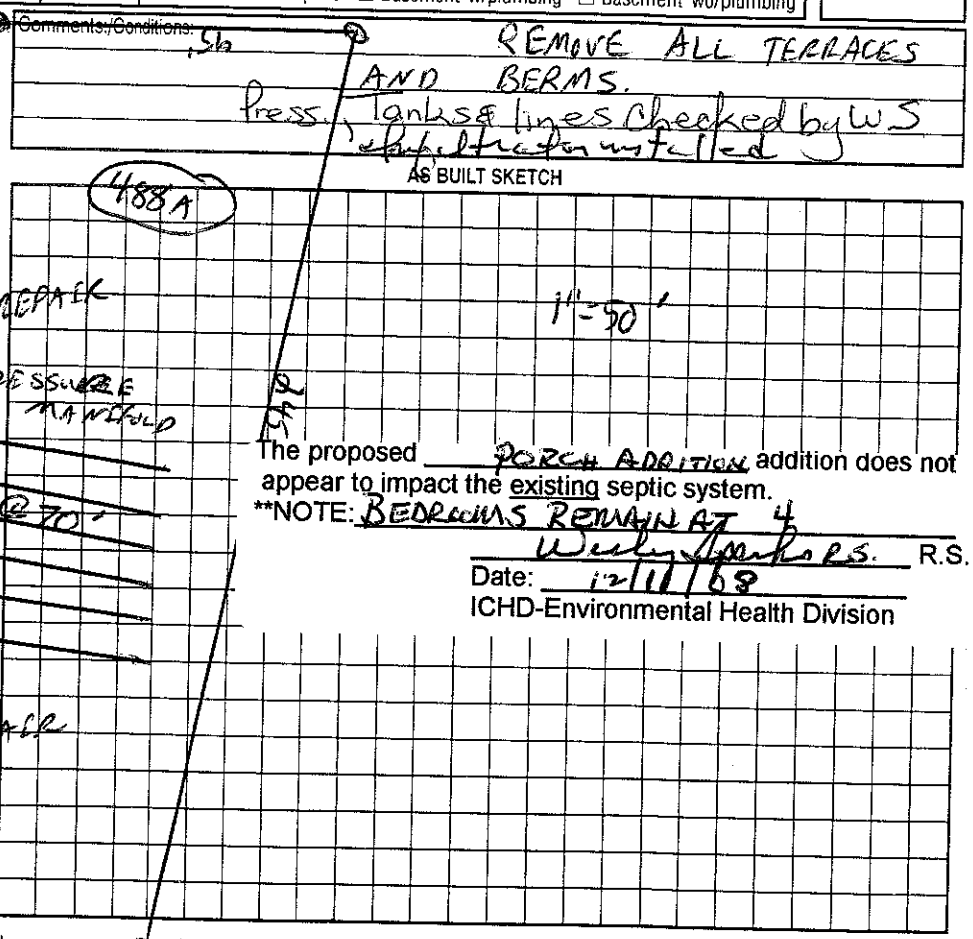
~~Comments:/Conditions:~~

REMOVE ALL TERRACES AND BERMS.

Press. Tanks & lines checked by WS

Infiltration not filled

AS BUILT SKETCH



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

**NOTE: BEDROOMS REMAIN AT 4

Wesley Sparks R.S. R.S.

Date: 12/11/03

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 _____

Improvement Permit by: C. Blythe RS date 1/11/00

Authorization to Construct by: C. Blythe RS date 10/4/02

Installed by: Orbison Const.

Operation Permit by: Michael H Dobson R.S. date 6/6/03

Existing System Inspection by: _____ date _____

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