(4.00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071694 PIN# 4625941684 4625 93 8499 DATE Sept. 13, '99

OWNER OR CONTRACTOR Crescent Resources Inc. // Potter Builders PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TR Meeting House TL Mystic Lake Loop on left

SUBDIVISION The Point BLOCK / SECTION 1A LOT 58 LOT AREA 73,940 ft² SITE CLASS. FS DESIGN FLOW 600gpd L.T.A.R. no. 3

Septic Tank: [redacted] 1500 Gallons; STB 338 Date 4/15/00

Pump Tank: 1500 Gallons; PT 388 Date 6/23/00

Pump Make: MEYERS Model (.5)HP Serial No.

Nitrification Field: No Fields 1 Square Feet 650 Linear Feet 550

No Lines 5@110' 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: PM - Innovative 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 5 No. Employees

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

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions:

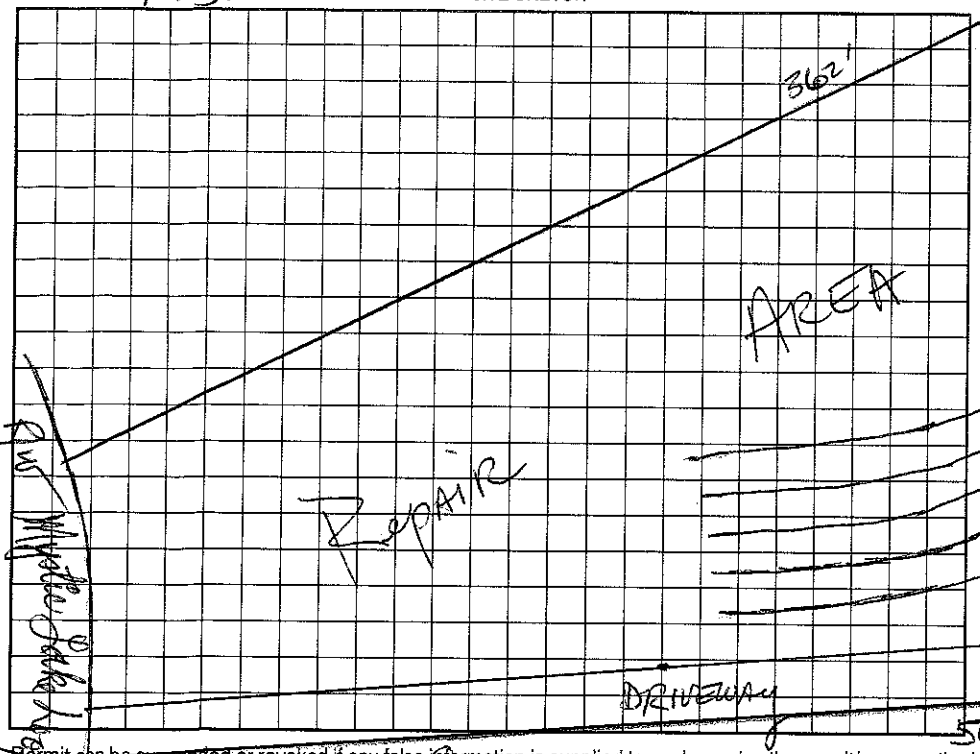
1000 GAL PUMP TANK INSTALLED - TO BE REMOVED. - Change to 1500 GAL TANK

Comments/Conditions:

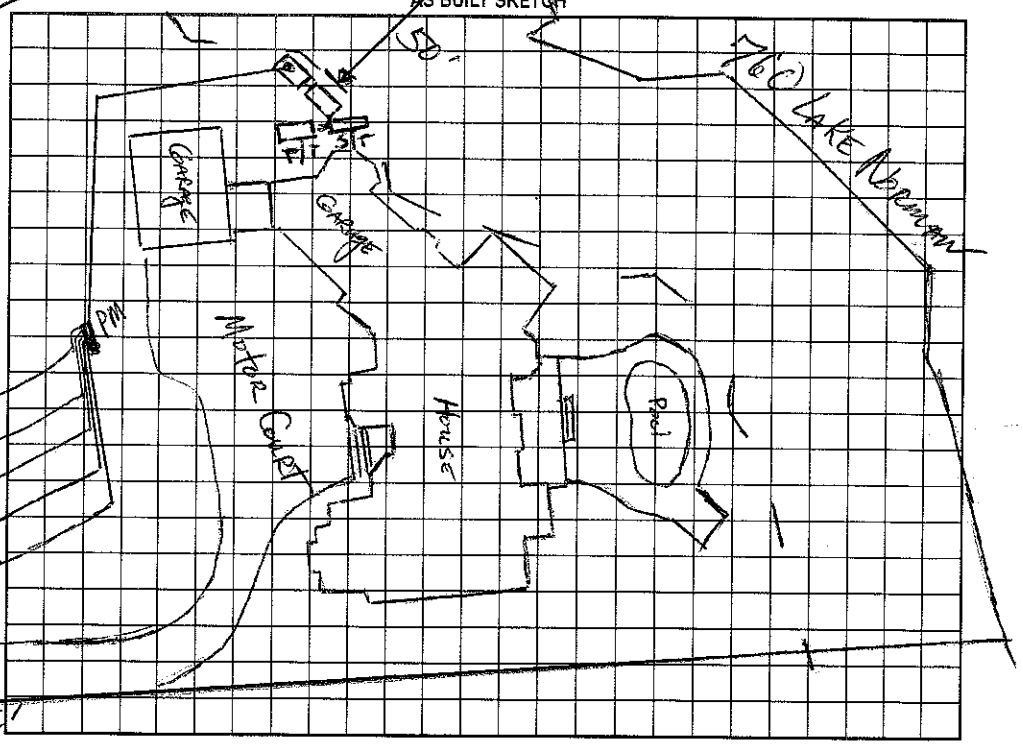
Manifold Box Broken 9/18/00

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 9-17-99 Installed by: Stanley Septic Tank

Improvement Permit by: _____, RS date 9-13-99 Operation Permit by: Wesley Sparks RS. date 9/19/00

Authorization to Construct by: _____, RS date 9-13-99 Existing System Inspection by: _____ date _____

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