IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 71696 PIN# ~~4625-59-4465~~ 4625-93-9615 DATE 9/20/99

OWNER OR CONTRACTOR CRESCENT RESOURCES (DIENST CONST) PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE

LOCATION BRANCH SCHOOL - TL POINTE DR - QUEEN ANNE CORCLE - VESTAL DR. - MYSTIC LAKE LOOP

SUBDIVISION POINTE BLOCK / SECTION 1A LOT 59 LOT AREA 55,402ft2 SITE CLASS. PS DESIGN FLOW ~~450~~ 720 L.T.A.R. 3

Septic Tank: ~~1500~~ 1500 Gallons; STB 338 Date 9/25/99

Pump Tank: 1000 Gallons; PT 27 Date 9/29/99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1200 Linear Feet 400

No Lines 8 @ 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: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms 6

☐ Business No. Employees ____

☐ Other _____

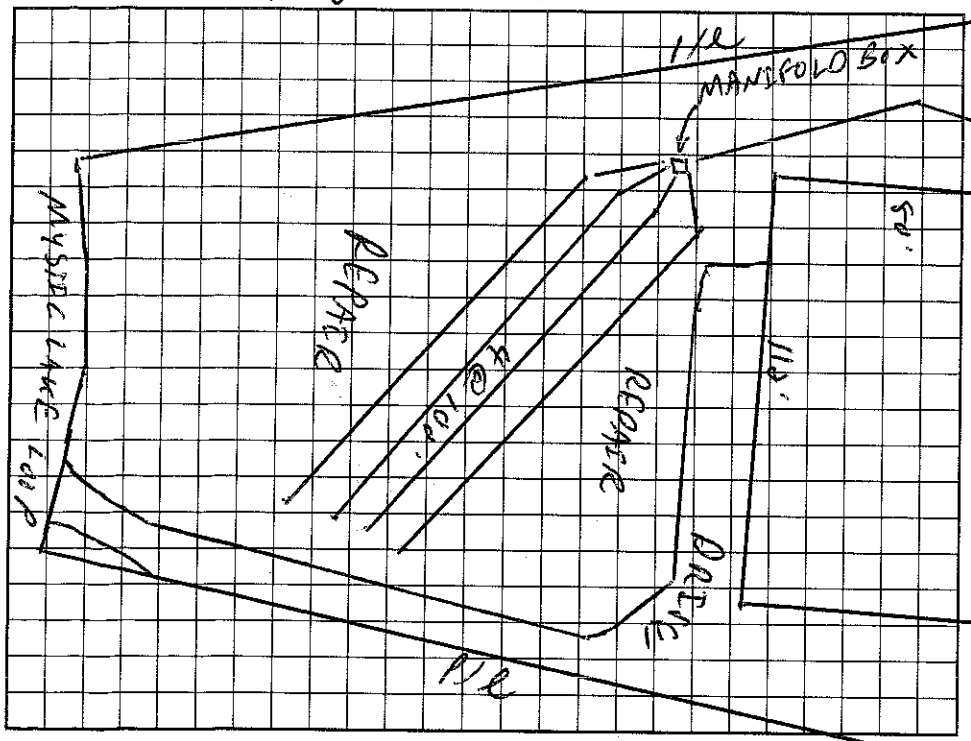
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ ~~Community~~

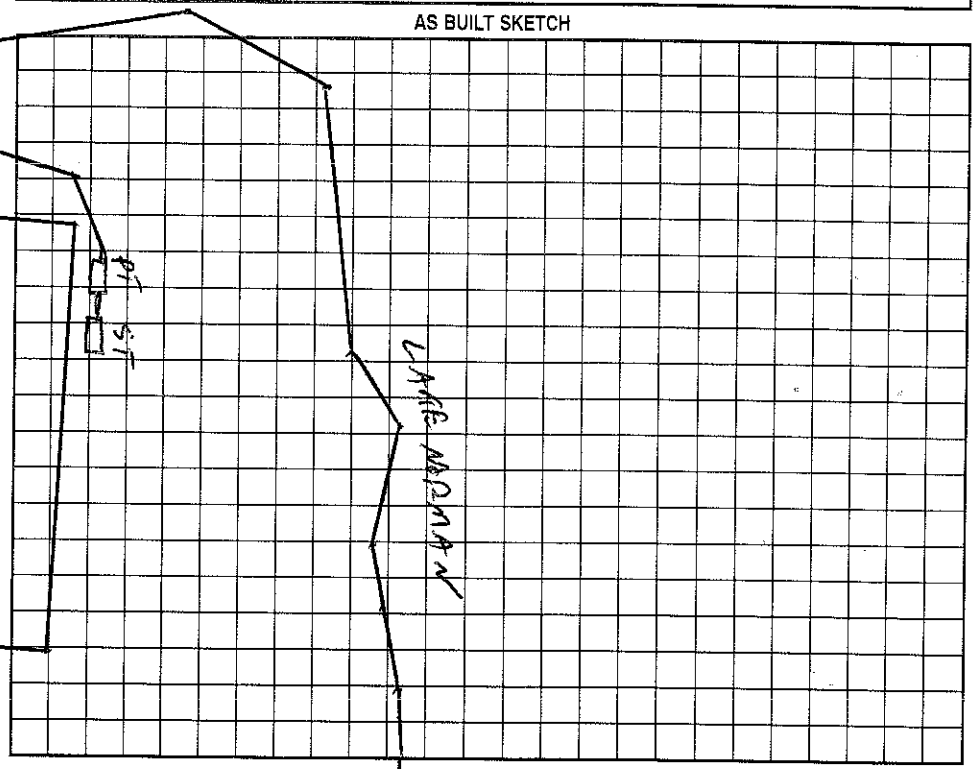
Comments:/Conditions:

Comments:/Conditions: LINES CHECKED; 1/12/00 - Vd TANKS, ADJUSTED HEAD.

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 10/27/99 Installed by: R+H Inc.

Improvement Permit by: _____ RS date 9/28/99 Operation Permit by: Marianne Dotson RS. date 4/24/2000

Authorization to Construct by: _____ RS date 9/20/99 Existing System Inspection by: _____ date _____

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