IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071657 PIN# 4625941684 4625-94-6719 DATE Aug 22, '98

OWNER OR CONTRACTOR Crescent Resources clw. / Brookshire Const. PHONE: Business ______ Home ______

ADDRESS P.O. Box 1003 Charlotte

LOCATION Brawley Sch Rd. T/L The Pointe Dr. Queen Anne Circle to Easton Dr. 1st on left

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 126 LOT AREA 73,928 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. ≈ .3

Septic Tank: 1500+ Gallons; STB 338 Date 4/23/01
Pump Tank: 1000 Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1650 Linear Feet 550
No Lines 5 @ 110' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: gravity conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ______
☐ Other ______

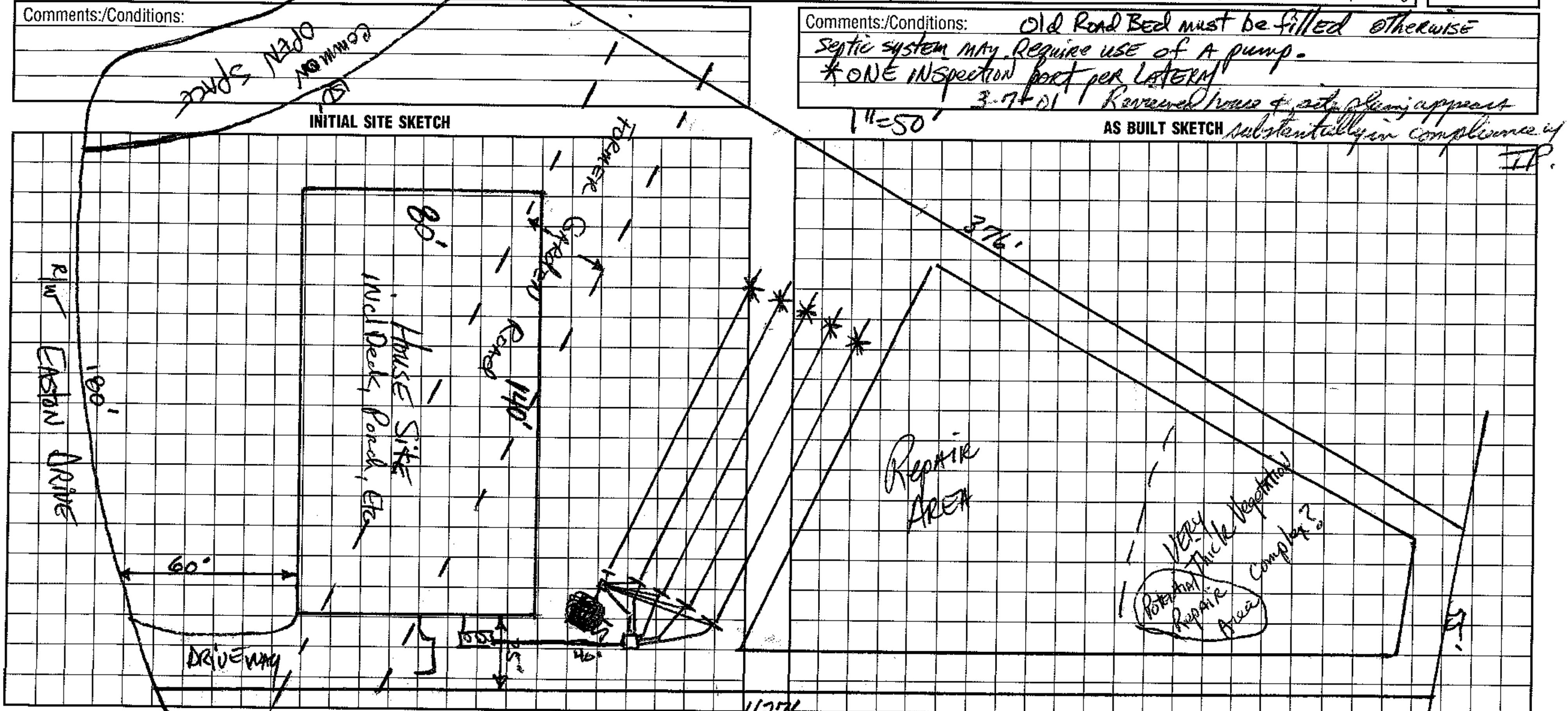
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Old Road Bed must be filled otherwise septic system may require use of a pump.
*ONE INSPECTION PORT PER LATERAL
3-7-01 Reviewed house & site plan; appears substantially in compliance w/ IP.

INITIAL SITE SKETCH AS BUILT SKETCH



I understand that this 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: Tony Copeland date 8-5-98
Improvement Permit by: Wayne R. Harrison, RS date 8-22-98
Authorization to Construct by: Wayne R. Harrison, RS date 3-7-01

Installed by: Hallman Const. Co.
Operation Permit by: Wesley Sparks R.S. date 8/7/01
Existing System Inspection by: ______ date ______

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