IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073406 PIN# 4625946864 (lt) 4625 94 7429 DATE Oct. 13, '99

OWNER OR CONTRACTOR Crescent Resources dba // Hughes & Assoc. PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Brawley Sch Rd. TL The Point Dr. at the corner of Meeting House & Easton Dr.

SUBDIVISION The Point BLOCK / SECTION 1A LOT 1 LOT AREA 33,108 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 t Gallons; STB 338 Date 12-3-2000
Pump Tank: 1000 Gallons; PT 217 Date 10-9-99
Pump Make: Myers Model ME.35-21 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm - Innovative -25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No

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

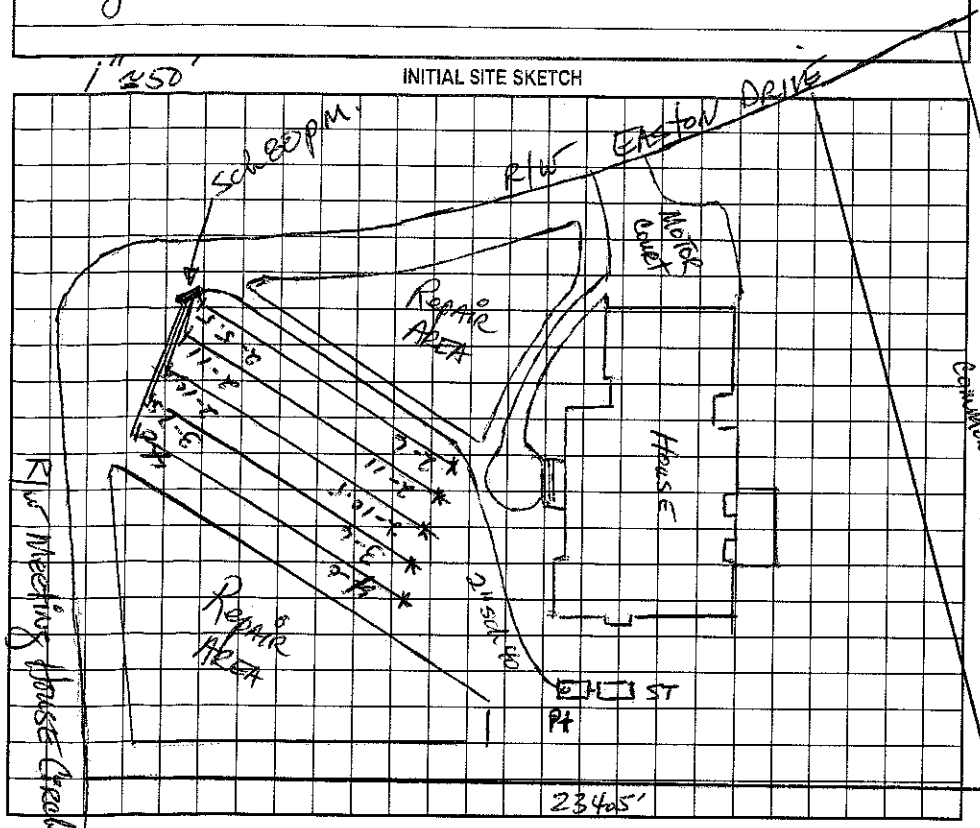
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

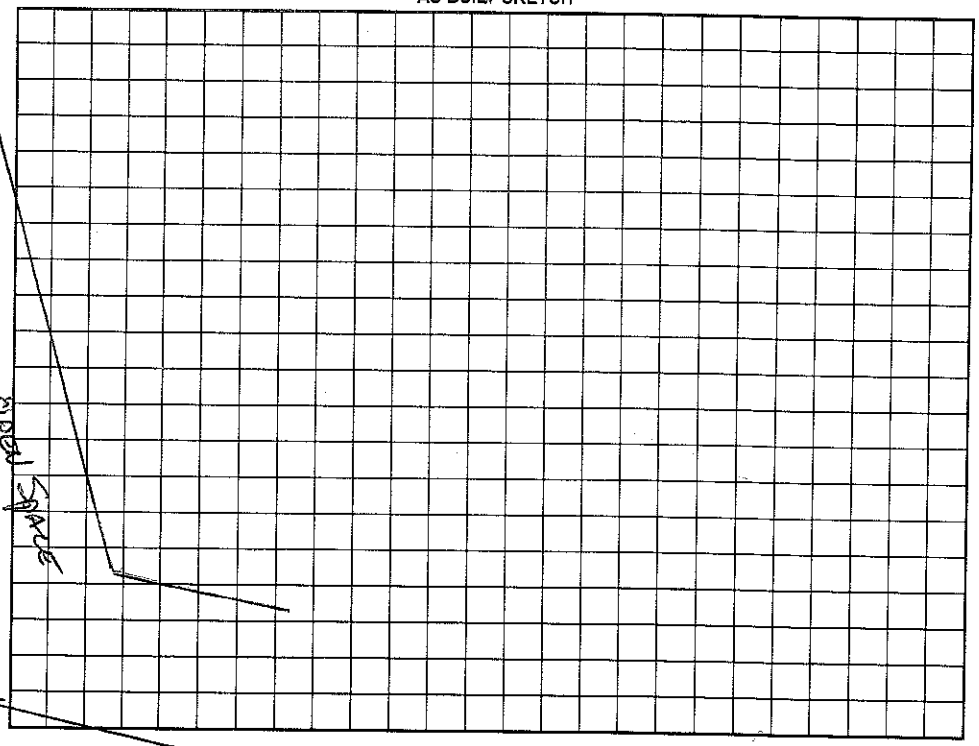
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL
May be able to install in 4 laterals - 100' each

Comments:/Conditions:

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: Bill Popham date 10-14-99 Installed by: R + H Inc

Improvement Permit by: [signature], RS date 10-13-99 Operation Permit by: [signature] RS date 5/9/2008

Authorization to Construct by: [signature], RS date 10-13-99 Existing System Inspection by: _____ date _____

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