IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 18231 ~~52428~~ PIN# ~~4625944684 RT~~ 4625-97-0612 DATE 1/4/00

OWNER OR CONTRACTOR CRESCENT RESOURCES/GM Helms PHONE: Business 663-6905 JACOBS Home

ADDRESS BRAWLEY SCHOOL - I R MARSTONS MILL - TL WHITE HORSE - TL BALLSTON - TL BROWNSTONE ON LT

LOCATION

SUBDIVISION POINT BLOCK / SECTION 4 LOT 769 LOT AREA 36776 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. = 3 gal/ft²

Septic Tank: 1000 + Gallons; STB 338 Date 9-1-04

Pump Tank: 1000 + Gallons; PT 283 Date 8-28-04

Pump Make: Goulds Model WE0312 Serial No.

Nitrification Field: No Fields 1 Square Feet ~~900~~ 810 Linear Feet ~~300~~ 270

No Lines 3@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 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

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

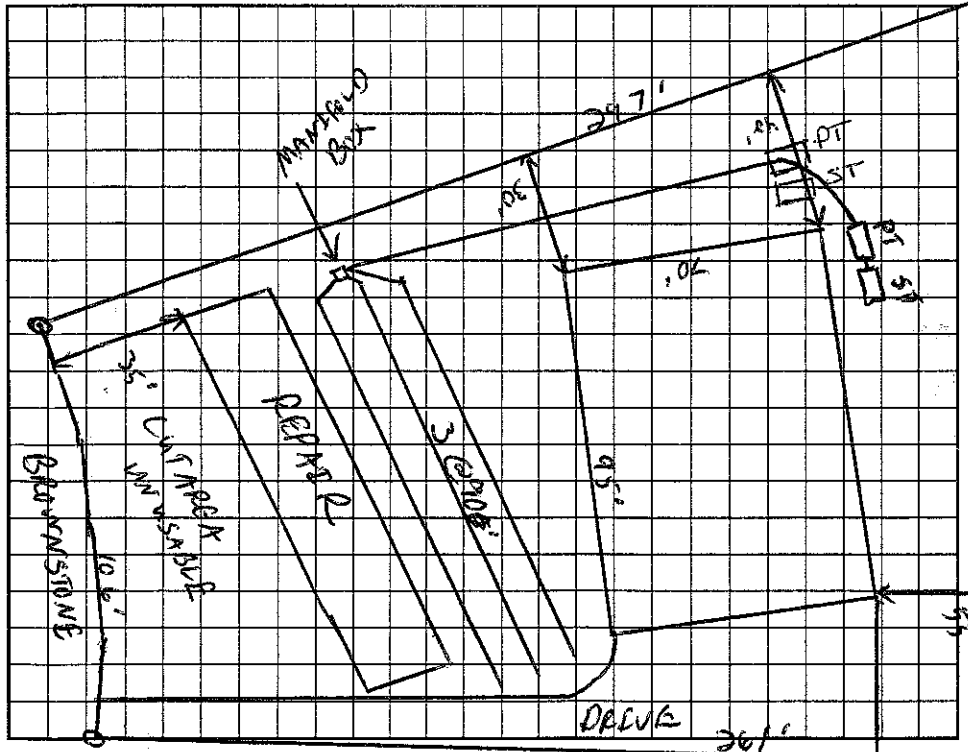
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

Comments:/Conditions: 4/28/04 Okay to move tanks to side of house. MS

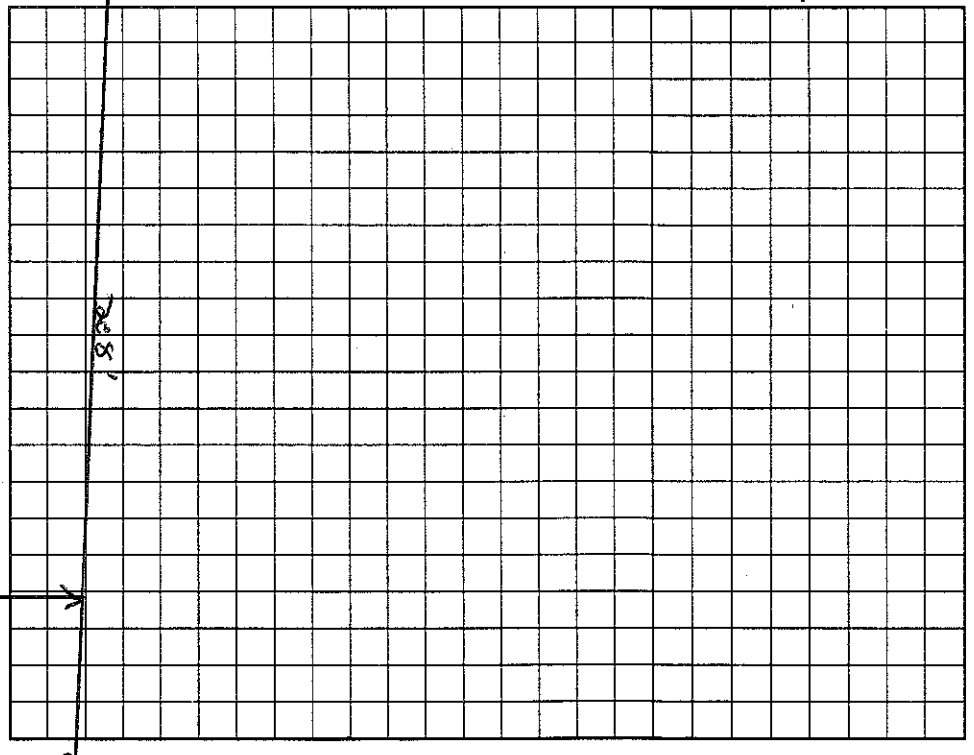
Checked tanks & lines 10/18/04 MS

Pres, elect & alarm 11/8/04 MS

INITIAL SITE SKETCH 1"=50'



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 1-21-00 Installed by: R & H

Improvement Permit by: C. _____ RS date 1/4/00 Operation Permit by: _____ RS date 11/8/04

Authorization to Construct by: _____ RS date 12/16/03 Existing System Inspection by: _____ date

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