IREDELL COUNTY HEALTH DEPARTMENT

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

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

$125

PERMIT# ~~06~~1065 11738 PIN# 4625944684 (pt.) 4625 983 238

OWNER OR CONTRACTOR Crescent Resources, LLC // LK NORMAN SIGNATURE PHONE: Business 660-1185 DATE July 22, '99

ADDRESS 2214 Brawley Sch Rd. Home

LOCATION Brawley Sch Rd. on Right past Brawley Harbor Rd.

SUBDIVISION The Point BLOCK / SECTION 5 LOT 114, 494A LOT AREA 52,642 SF + SFE 494A SITE CLASS. PS*

DESIGN FLOW 460 gpd L.T.A.R. 3 SFE 494A

Septic Tank: ~~1000~~ 1500 Gallons; STB 334 Date

Pump Tank: 1000 Gallons; PT 234 Date

Pump Make: Gould's Model WE15T2H 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 N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI SFE

System Description: PM-INNOVATIVE-25% Reduction 494A

Repair System Description: LPP Panel Block on 494A

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

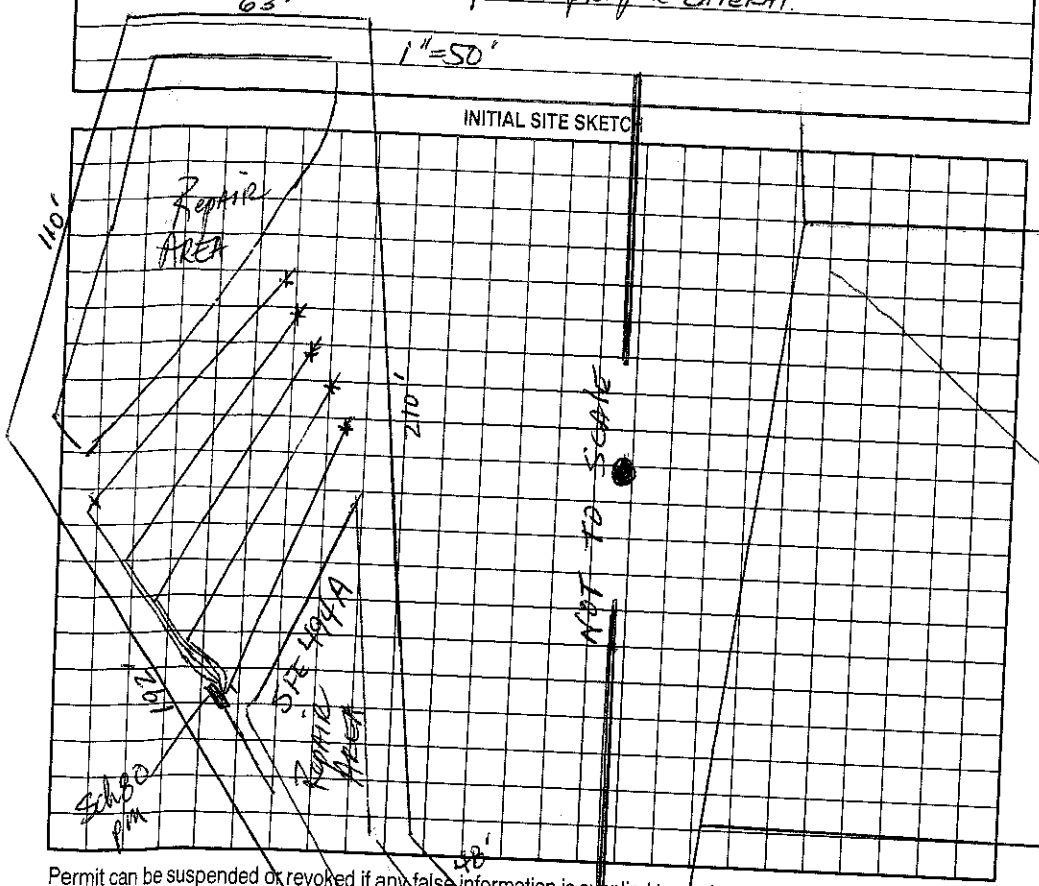
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

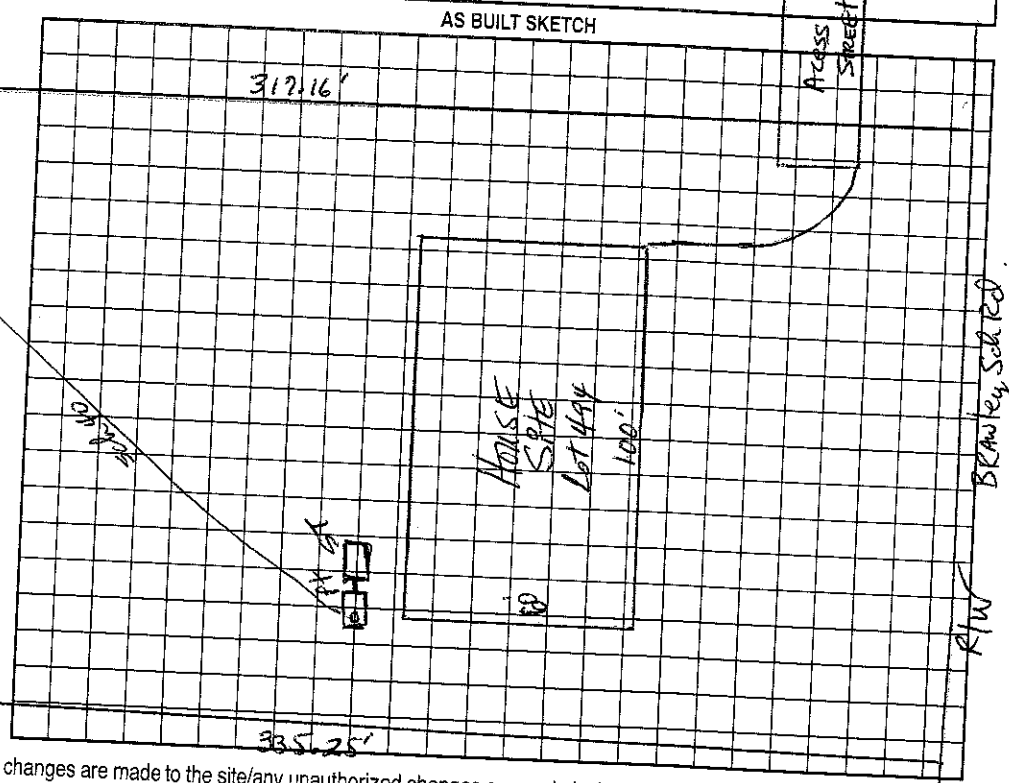
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL.

Comments:/Conditions: Infiltrators Installed

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:

Improvement Permit by: date 4-10-99

Authorization to Construct by: 45' Wade Perkins date 11/13/03

Installed by: Penwarden Const.

Operation Permit by: date 9/27/04

Existing System Inspection by: date

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