# IREDELL COUNTY HEALTH DEPARTMENT

TYPE III (6) 3100

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

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

PERMIT# 074968 PIN# ~~4625944684~~ 4625-98-8165 DATE Nov. 17, 1998

OWNER OR CONTRACTOR Crescent Resources c/o Hughes, Hamel, & Zande PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch Rd. on left before Quaker Road

SUBDIVISION The Point BLOCK / SECTION I-C LOT 38 LOT AREA 7144 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000+ Gallons; STB 338 Date 3-3-05
Pump Tank: 1000 Gallons; PT 27 Date 3-3-05
Pump Make: Goulds Model WE0312 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, ☑ III, IV, V, VI
System Description: Pump Gravity 25% Reduction/Innovative
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

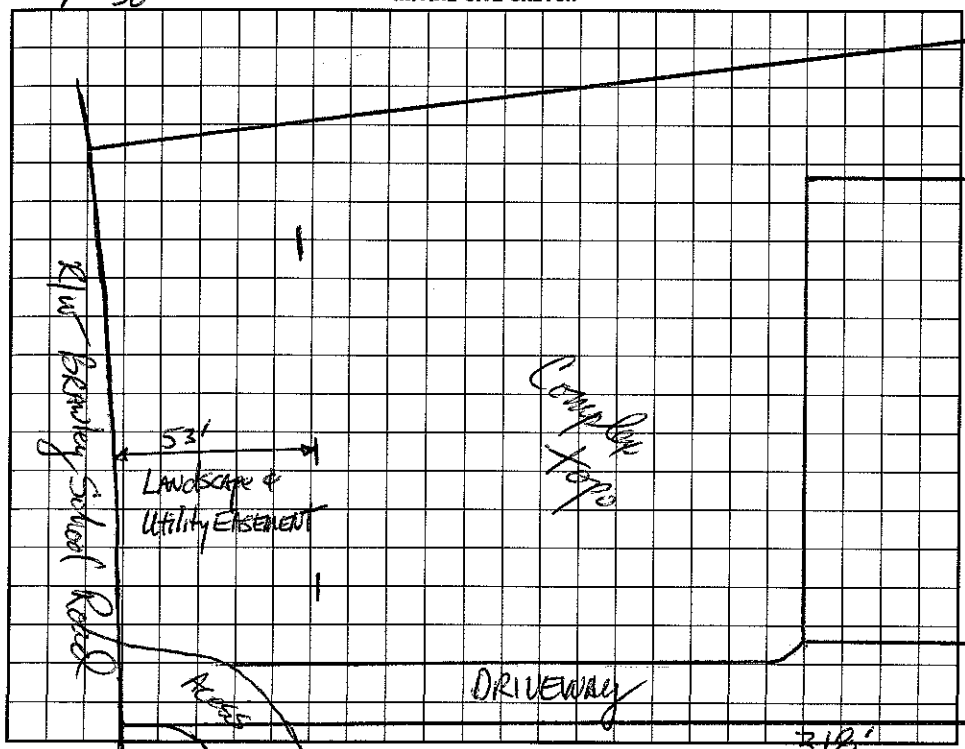
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL
Reviewed Building plans & site plan; essentially in Compliance with Improvement permit.

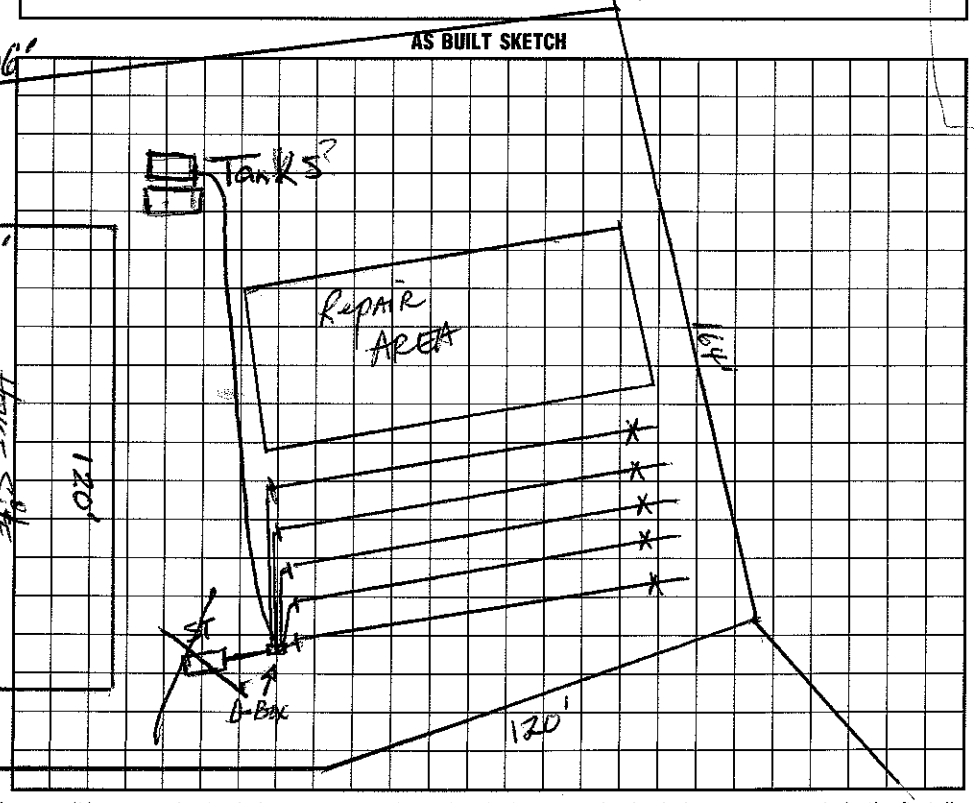
Comments:/Conditions: Checked lines 4/6/05 MZ
Installed EZ Flows Drawn. Pressure checked 5/12/05

1"=50'

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: _____ date 11/19/98
Improvement Permit by: _____ date 11-17-98
Authorization to Construct by: _____ date 8/27/04

Installed by: Bobby Mayhew
Operation Permit by: _____ date 5/24/05
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