309-8625 1:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 067328 PIN# ~~4626112447~~ Scott Lee 4626112237 DATE 2/26/99

OWNER OR CONTRACTOR CRESCENT RESOURCES / Mammoth Land PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE NC 28201 INV.

LOCATION BRAWLEY SCHOOL - TR CHUCKWOOD - GO TO END - TL BARBER LOOP - 3RD AFTER INDIAN DR.

SUBDIVISION CLT BLOCK / SECTION 7 LOT 62 (1677) LOT AREA .72 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. 36PD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 8-27-00
Pump Tank: 1000 Gallons; PT 17# Date 7-1-00
Pump Make: MYERS Model ME40 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 430 Linear Feet 215
No Lines 4 Trench Width 24" 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: BEGRO B-4 1953
Maintenance Agreement Required: ☑ Yes ☐ No

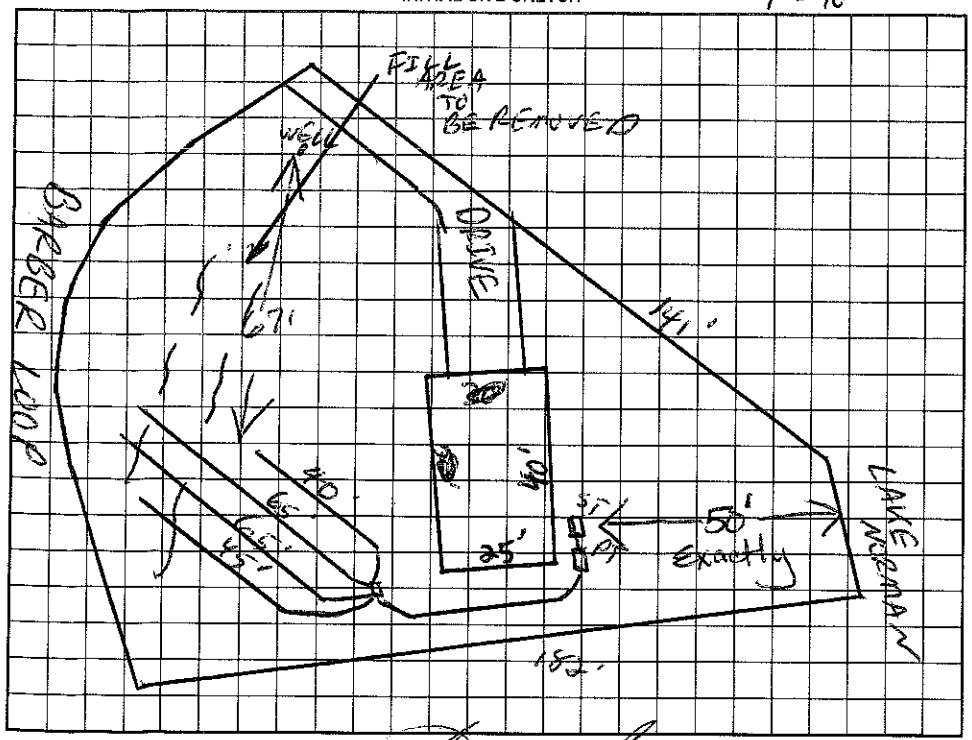
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 1) WHATEVER IS LEFT OVER THAT MEETS STATE REQUIREMENTS IS REPAIR. 9/4/01 CSF

Comments/Conditions: Pressure checked 11/1/2006 Tanks & lines check Filter - Polylock installed MD

INITIAL SITE SKETCH 1"=40'



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 2/26/99 Installed by: Richard Abernathy

Improvement Permit by: _____ date 2/26/99 Operation Permit by: _____ date 3/15/01

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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