IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112492 PIN# ~~4626.37.7315.217~~ 4626-53-6171 DATE 7/31/03

OWNER OR CONTRACTOR CRESCENT RESOURCES / David Dibble Custom Homes PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE 28117

LOCATION BRAWLEY SCHOOL - TR SOUTH FORK - TL FRESHWATER - TR RAYSDALE - AT END ON LT

SUBDIVISION THE FARMS BLOCK / SECTION 2 LOT 217 LOT AREA 1.85AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~.3600/RT ~

Septic Tank: 1000 1500 Gallons; STB 338 Date 11/26/04

Pump Tank: 1000 Gallons; PT 293 Date 12/3/04

Pump Make: Bowlus Model Wiss-Flo Hi Serial No. Bowlus

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 5 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: LP 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

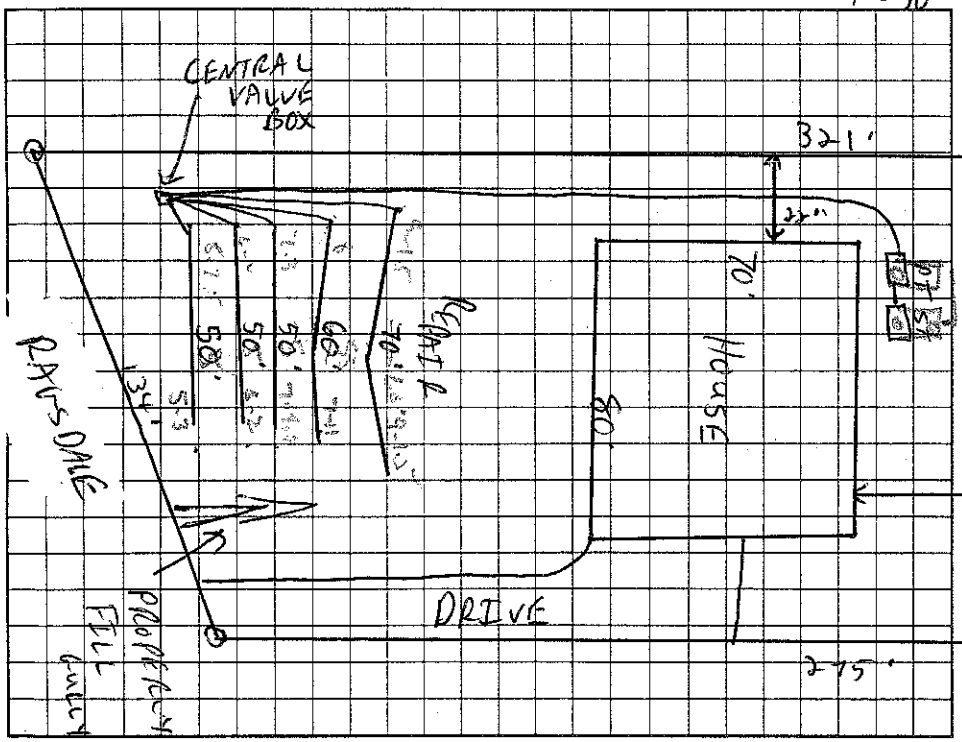
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

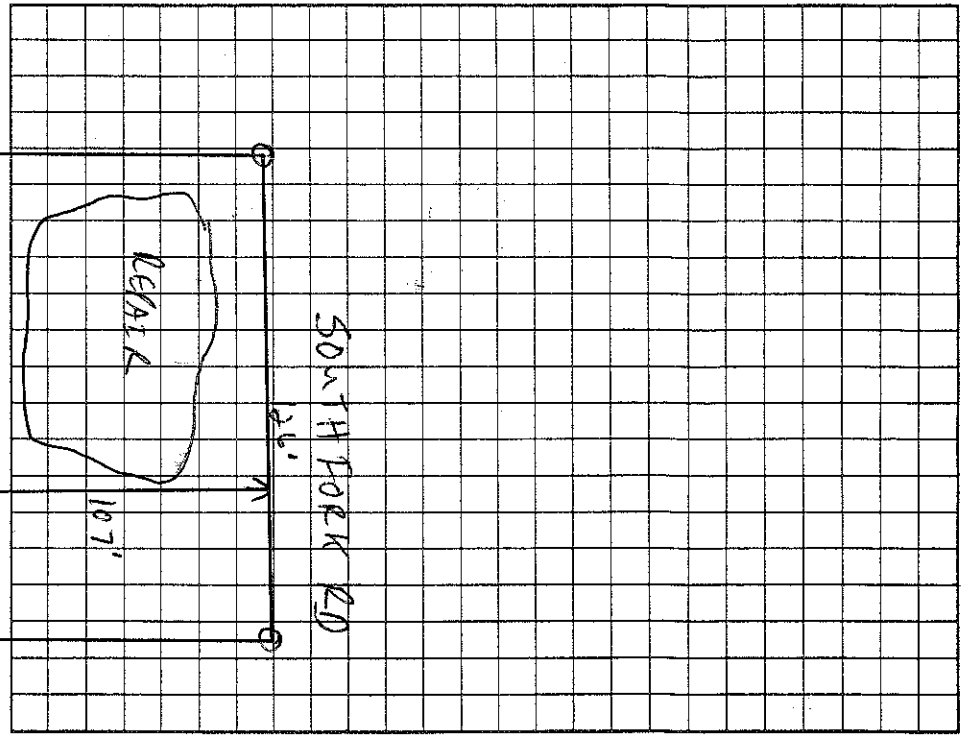
Comments:/Conditions:

Comments:/Conditions:

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 8-25-03 Installed by: Dobson & Sons

Improvement Permit by: _____ RS date 7/31/03 Operation Permit by: _____ RS date 9/18/03

Authorization to Construct by: _____ RS date 9/9/04 Existing System Inspection by: _____ date _____

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