130

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112582 PIN# 4626 63 7315.249 4626-61-0308 DATE 7/31/03

OWNER OR CONTRACTOR CRESCENT RESOURCES / HUGHS HAMELINK LAND PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28117 #215

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

SUBDIVISION THE FARMS BLOCK / SECTION 2 LOT 249 LOT AREA .96AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30-80/RT2

Septic Tank: ~~1000~~ 1500 Gallons: STB 338 Date 8-14-04

Pump Tank: 1000 Gallons: PT 27 Date 8-3-04

Pump Make: Goulds Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6@80' 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 25% REDUCTION

Repair System Description: @ LP PANEL

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

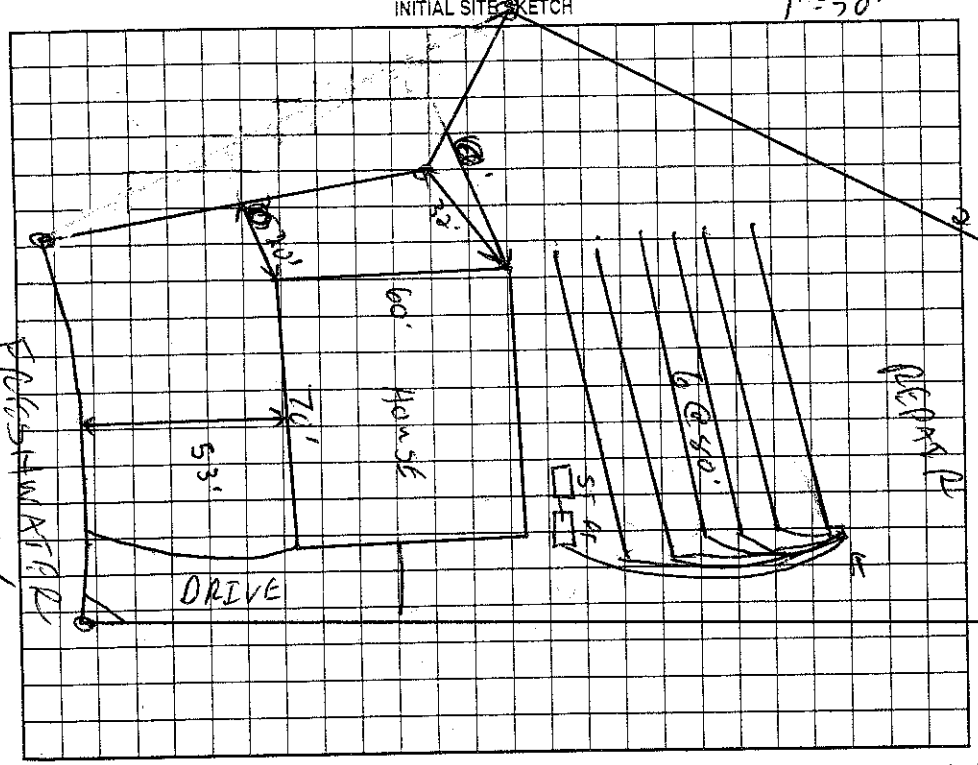
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

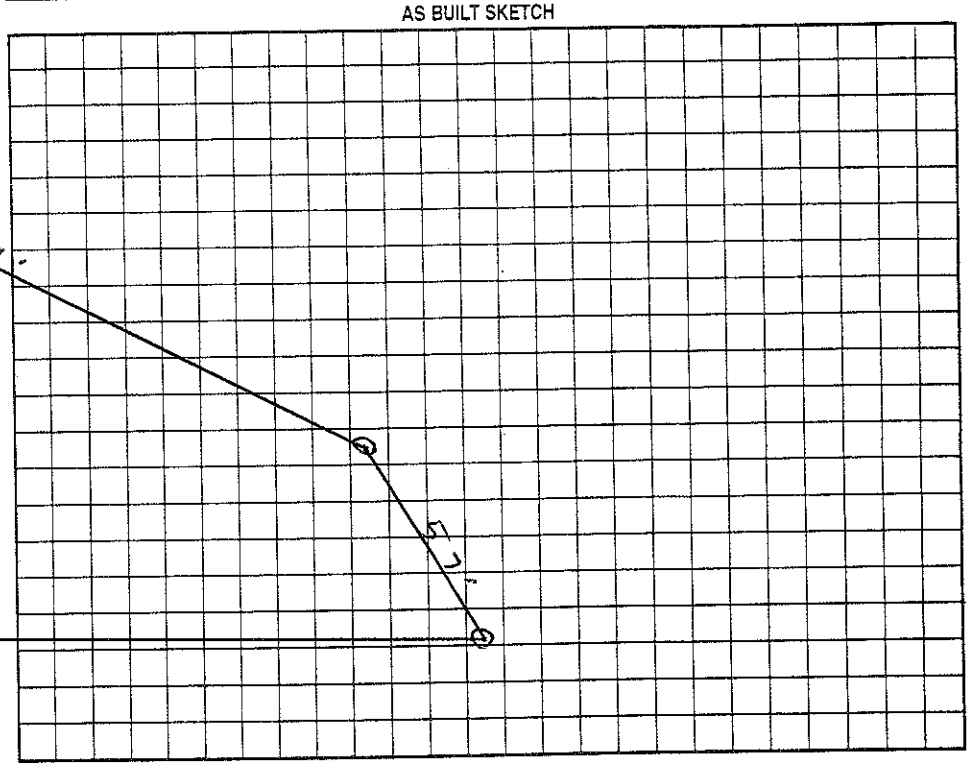
Comments:/Conditions: Cheaked tanks & lines 9/23/04

Pres, elect & alarm 11/2/04

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 8-3-04 Installed by: Bobby Mayhew RS

Improvement Permit by: _____ RS date 7/31/03 Operation Permit by: _____ RS date 11/2/04

Authorization to Construct by: _____ RS date 4/14/04 Existing System Inspection by: _____ date

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