IREDELL COUNTY HEALTH DEPARTMENT

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

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

OWNS 6. 4626-61-0971 130 150

PERMIT# 112571 PIN# ~~4626-63-7315.244~~ Laura Conter 375-5999 DATE 7/31/03

OWNER OR CONTRACTOR CRESCENT RESOURCES/ HH7 PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL. TR SOUTH FORK - TL FRESHWATER AT END

SUBDIVISION THE FARMS BLOCK / SECTION 2 LOT 244 LOT AREA .79AC SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. 25.10/FT2

Septic Tank: 1000 Gallons; STB 338 Date 4-11-05

Pump Tank: 1000 Gallons; PT 27 Date 4-9-05

Pump Make Gould's Model SWE512M1E Serial No.

Nitrification Field: No Fields 1 Square Feet ~~600~~ 640 Linear Feet ~~320~~ 320

No Lines 4C 80' 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

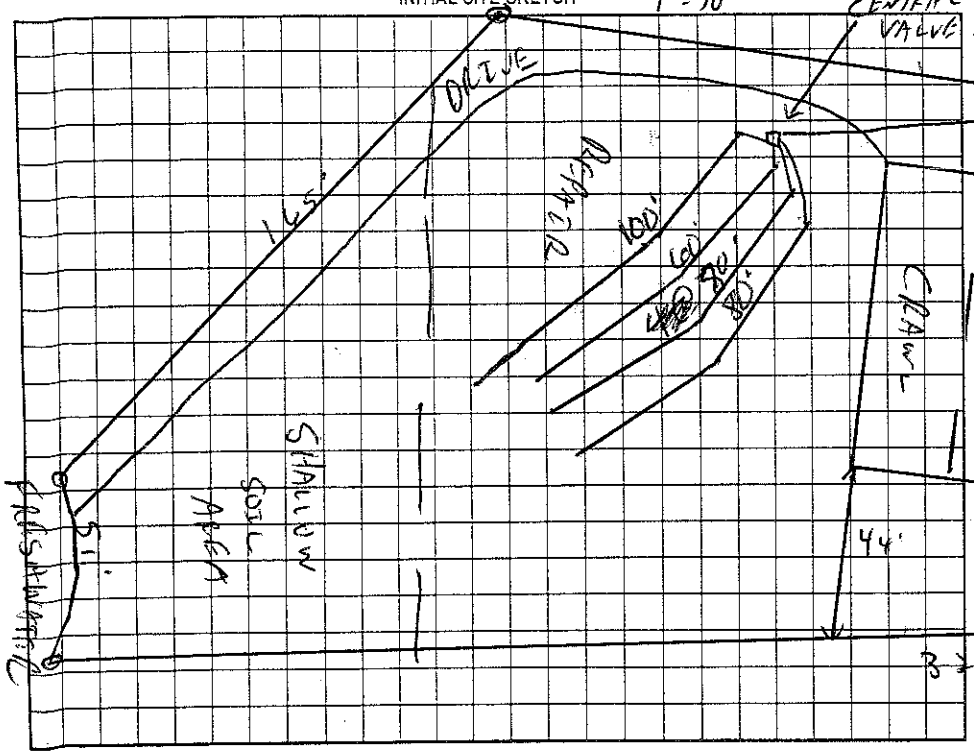
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

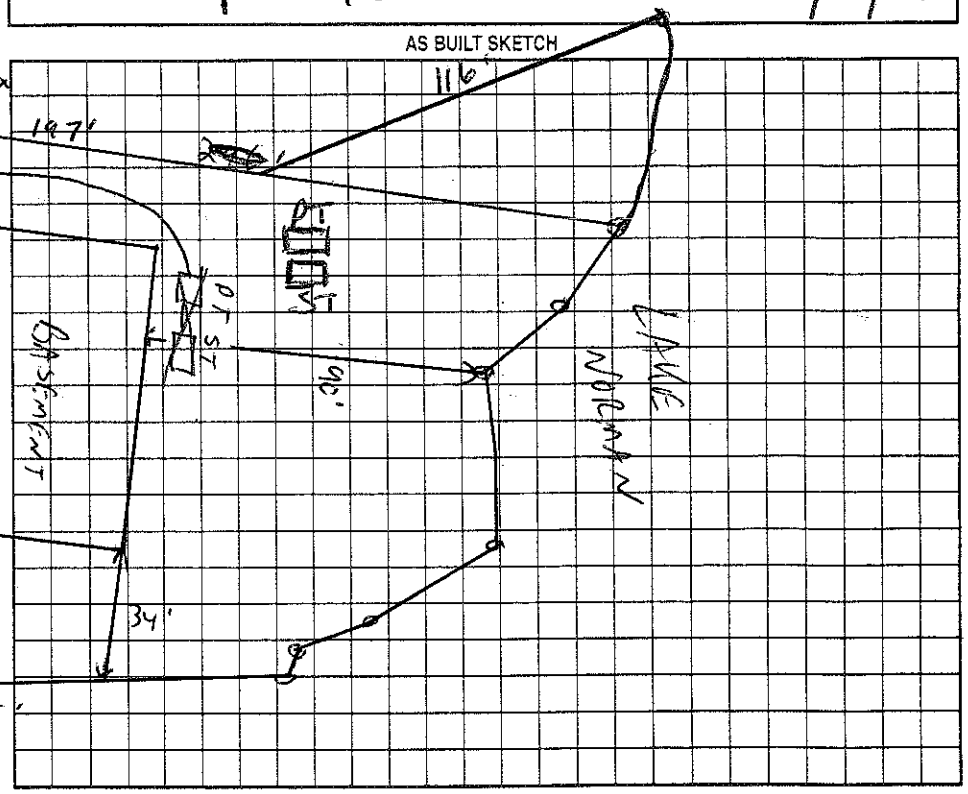
Comments:/Conditions: Reviewed Building plans & site plan 10/25/04; essentially in Compliance with I.P.

Comments:/Conditions: PARTIAL Checked lines 5/12/05 Checked press. eject & alarm 6/23/05

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 8-23-03 Installed by: Bobby Mayhew

Improvement Permit by: _____ RS date 9/19/03 Operation Permit by: Maria H. Johnson RS date 6/23/05

Authorization to Construct by: Maria H. Johnson RS date 10/25/04 Existing System Inspection by: _____ date _____

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