IREDELL COUNTY HEALTH DEPARTMENT

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

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

130

PERMIT# 112518 PIN# 4626637315.226 4626-62-6908 DATE 7/31/03

OWNER OR CONTRACTOR CRESCENT RESOURCES/MECK. HOMEWORKS PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR SOUTHFORK - TL FRESHWATER - TR RAGSDALE - ON LT CORNER

SUBDIVISION THE FARMS BLOCK / SECTION 2 LOT 226 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3600/F12

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/26/04

Pump Tank: 1000 Gallons; PT 27 Date 7/26/04

Pump Make: Gould's Model WE0512HH1 Serial No. F0463125

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' 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 2506 REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ ~~House~~/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

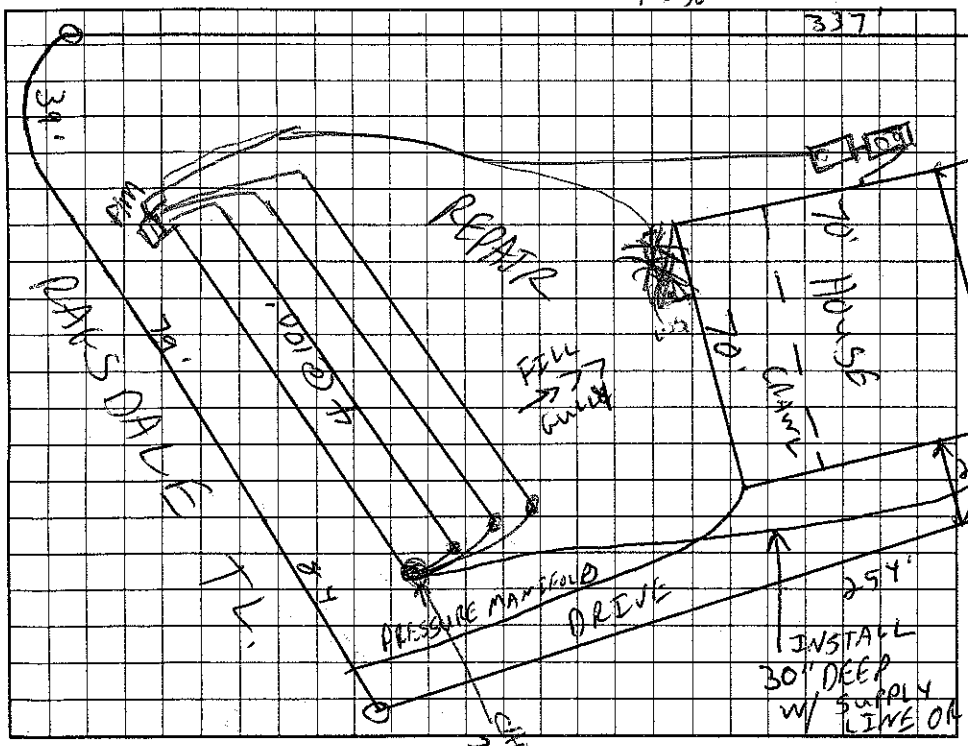
Water Supply: ☐ Individual ☐ Public ☑ Community

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

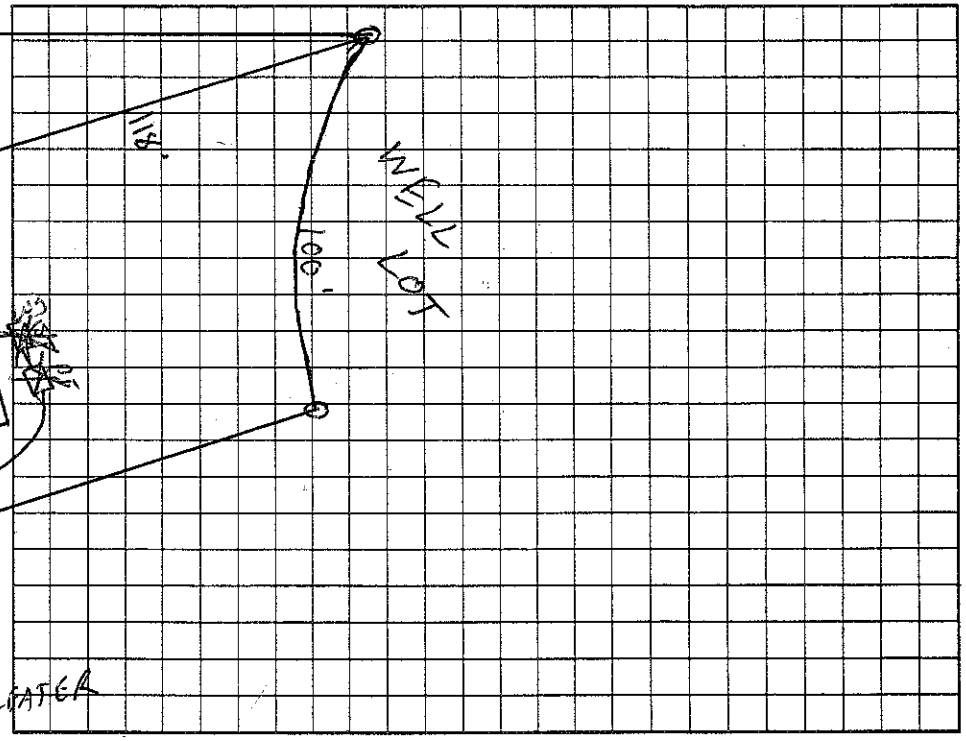
Comments:/Conditions:

Comments:/Conditions: PARTIAL

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 8-25-05 Installed by: Kevin Hallman

Improvement Permit by: _____ date 7/31/03 Operation Permit by: Wesley Sparks RS date 10/26/04

Authorization to Construct by: Wesley Sparks RS date 11/20/04 Existing System Inspection by: _____ date _____

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