130 3:00

# IREDELL COUNTY HEALTH DEPARTMENT

STATE [illegible] 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUC[illegible]ERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 111190 PIN# 4626-63-7315.17 4626641239 DATE June 17, 03

OWNER OR CONTRACTOR Crescent Resources/Weyerhaeuser/Craig Carter PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte N.C.

LOCATION Brawley School Rd. TR Southfork Bear Lighton Agnews TR Green Morris on Right @ jct w/ West Callicutt

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 17 LOT AREA 1.044 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. N .25

Septic Tank: 1000 Gallons; STB 338 Date 9-8-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Growth 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No

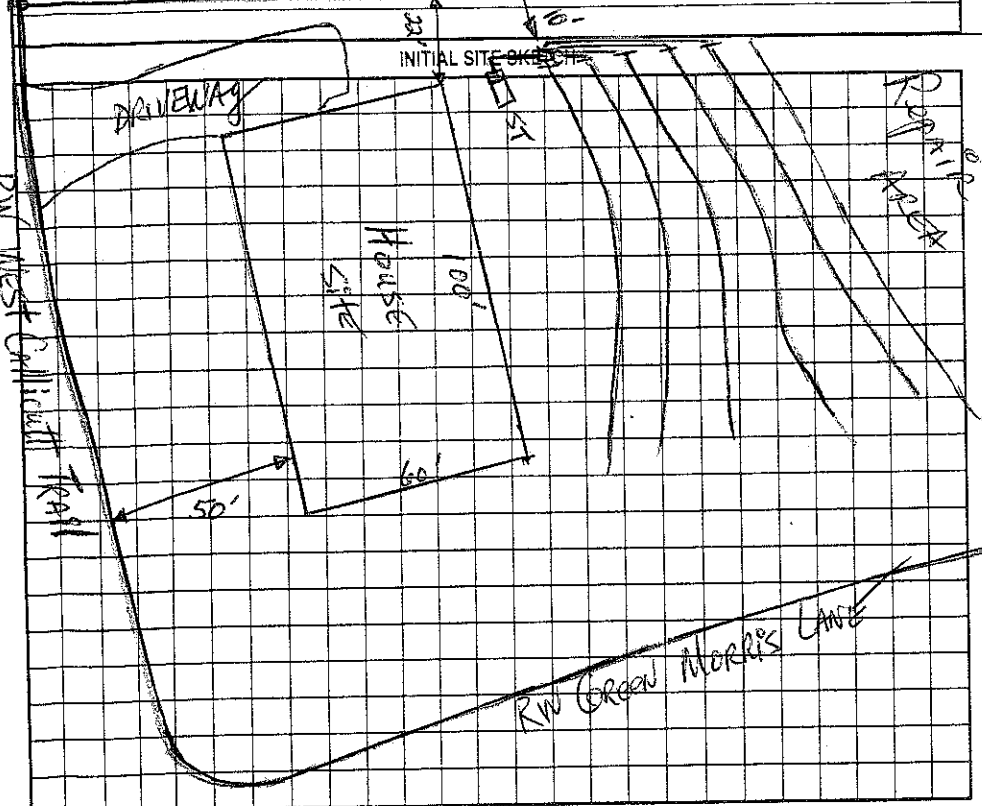
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

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

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: 1"=50' D-Box w/Levelers 278.04'




Comments/Conditions: Some rock in Drainfield

AS BUILT SKETCH

Installed Essentially as Drawn used EZ Flow

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 6-27-03 Installed by: K & H Dotson RS date 10/14/04

Improvement Permit by: _____ date 6-17-03 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 5/11/04 Existing System Inspection by: _____ date _____

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