IREDELL COUNTY HEALTH DEPARTMENT

SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

11:06

PERMIT# 8/914/118853 PIN# 4625941684 PT 4626703227 DATE 1/18/00

OWNER OR CONTRACTOR CRESCENT RESOURCES/Arcadia Homes PHONE: Business 663 6905 Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL TR MARSONS MILL TR WHITE HORSE TR TUCKER NUCK TR WELL FLEET AT END

SUBDIVISION POINT BLOCK / SECTION 4 LOT 396 LOT AREA 76575. SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 T Gallons: STB 338 Date 11-29-04

Pump Tank: 1000 T Gallons: PT 283 Date 11-29-04

Pump Make: Goulds Model WE0312M1 Serial No.

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 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

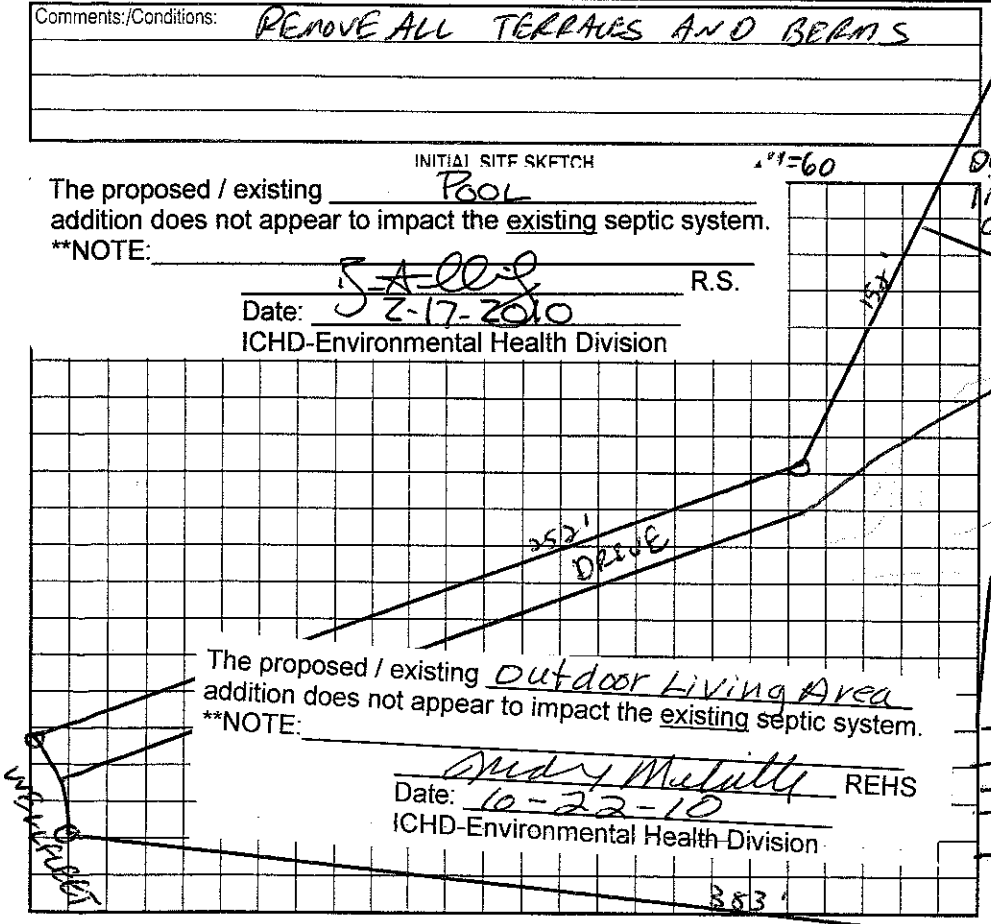
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

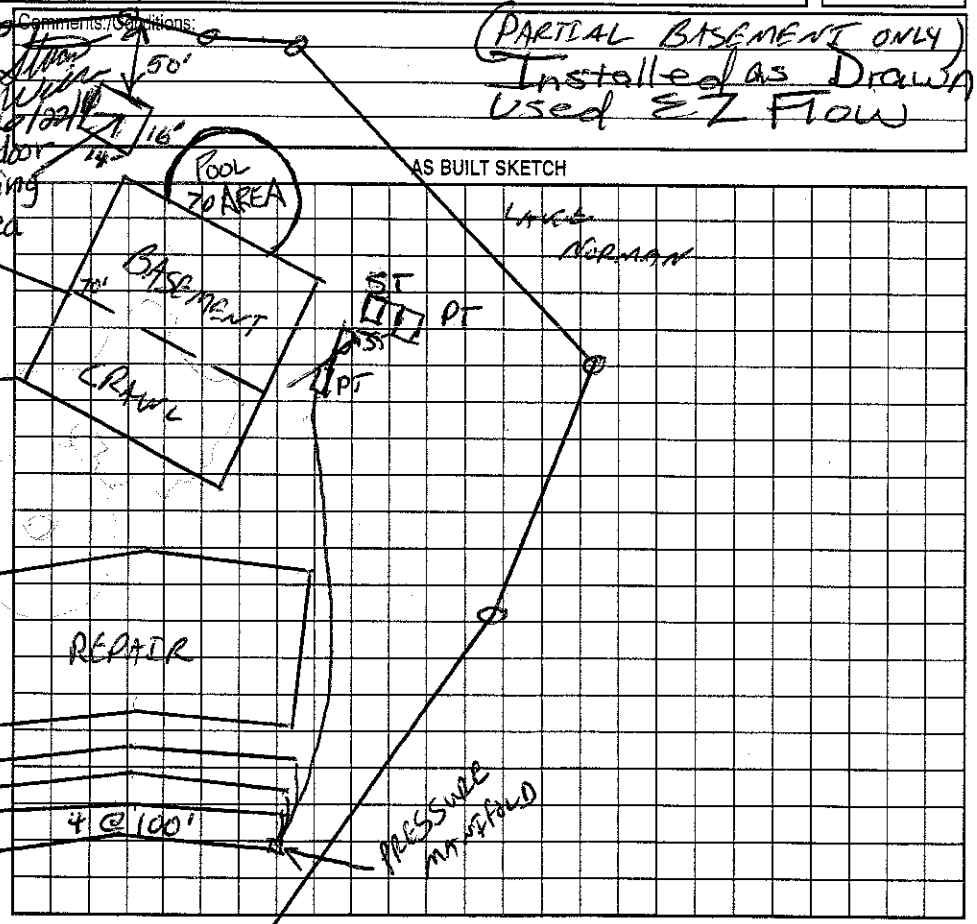
Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

Comments:/Conditions: (PARTIAL BASEMENT ONLY) Installed as Drawn Used EZ Flow

INITIAL SITE SKETCH 1"=60



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: [signature] date 1-21-05 Installed by: R&H RS

Improvement Permit by: C. [signature] RS date 1/18/00 Operation Permit by: Maria H. Dolan RS date 2/9/05

Authorization to Construct by: [signature] RS date 2/4/04 Existing System Inspection by: date

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