Sawtooth Paper of Irrigation 3RD Seattle 704 506 3750 3.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 155450 PIN# 4626727130 DATE 5-14-07

OWNER OR APPLICANT [redacted] J.S. TESTA PHONE: Business Rob Home 361-0987

ADDRESS 10590 Independence Point Pkwy Ste 100 Matthews NC 28105

LOCATION Brawley School Rd TL Great Pt Drive TL Wild Harbor Rd on left

SUBDIVISION The Point BLOCK / SECTION III LOT 355 LOT AREA 2.4 Acre SITE CLASS. _____ DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000+ Gallons: STB 338 Date 10-23-08
Pump Tank: 1000 Gallons: PT 327 Date 10-2-08
Pump Make Gould S Model WE0512H1A Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335
No Lines 5 4 Trench Width See note Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP-panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

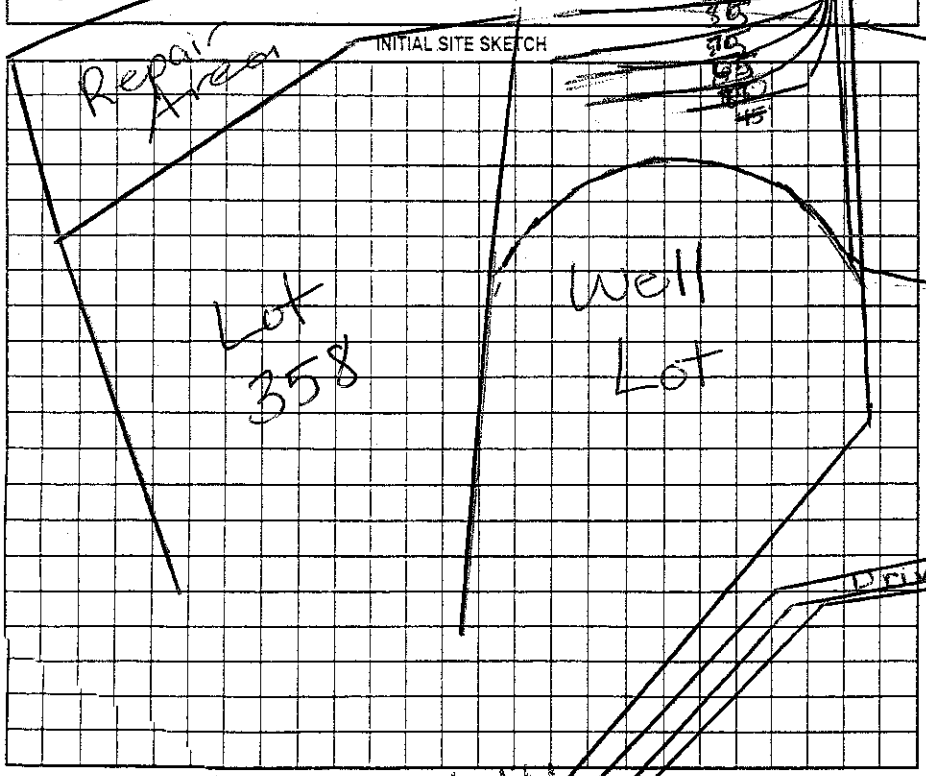
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

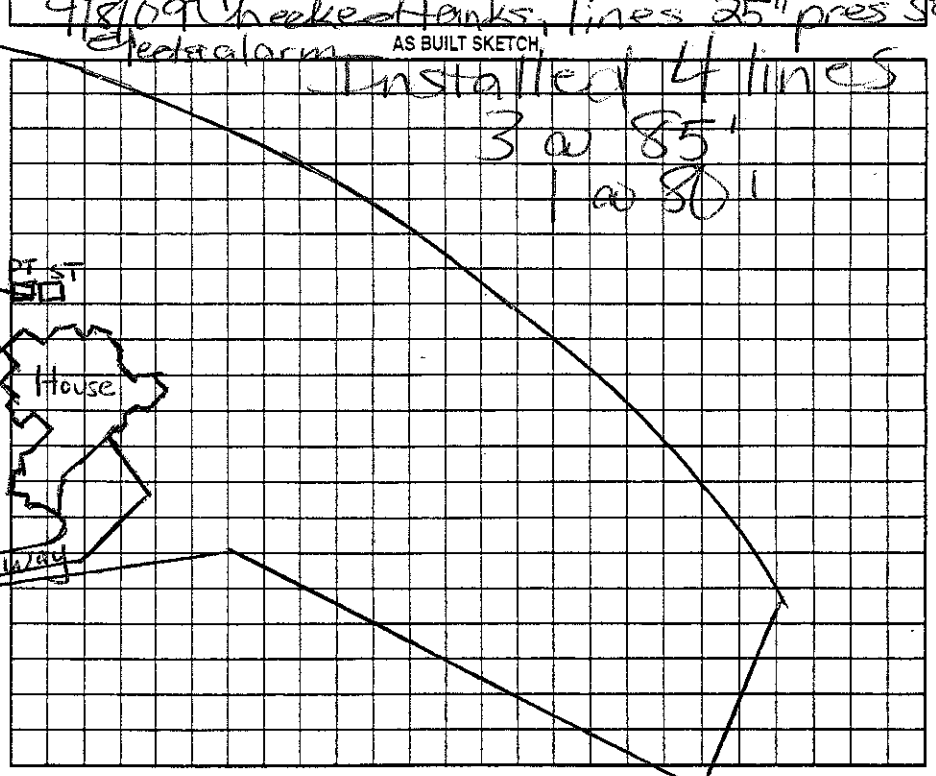
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Scale 1:100



Comments:/Conditions: ☒ Note: Use trench width as specified in Crescent Communities Manuel. 3-85 1-80 ~~1-65~~ 3/16" hole 4/8/09 Checked tanks, lines 25" pressed Electra alarm



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 5/16/07 Installed by: Tarheel Septic RS

Improvement Permit by: Maria H. Dolan RS date 5/14/07 Operation Permit by: Maria H. Dolan date 4/8/09

Authorization to Construct by: Maria H. Dolan RS date 5/14/07 Existing System Inspection by: _____ date _____

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