#130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109503 PIN# 4626-63-7513 4626731522 DATE 2/20/03

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 204-663-6805 Home

ADDRESS 2214 Brawley Sch. Rd. Mooresville NC 28117

LOCATION Brawley Sch, TR South Fork, TR Redbud River, on corner on Rt.

SUBDIVISION ~~Duke Forest~~ The Farms BLOCK / SECTION 1 LOT* 40 LOT AREA 1.080AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 2/11/04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ 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 ____

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 5 No. Employees ____

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

Water Supply: ☐ Individual ☐ Public ☒ ~~Community~~

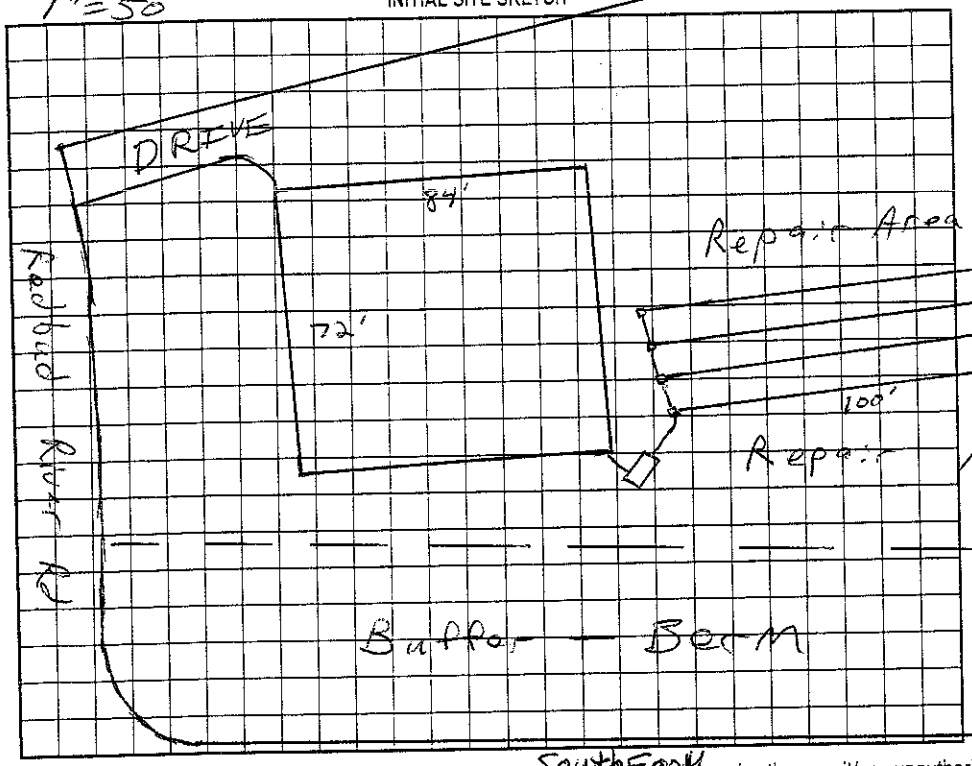
Comments:/Conditions:

*Lot is not Recorded at the time of issue

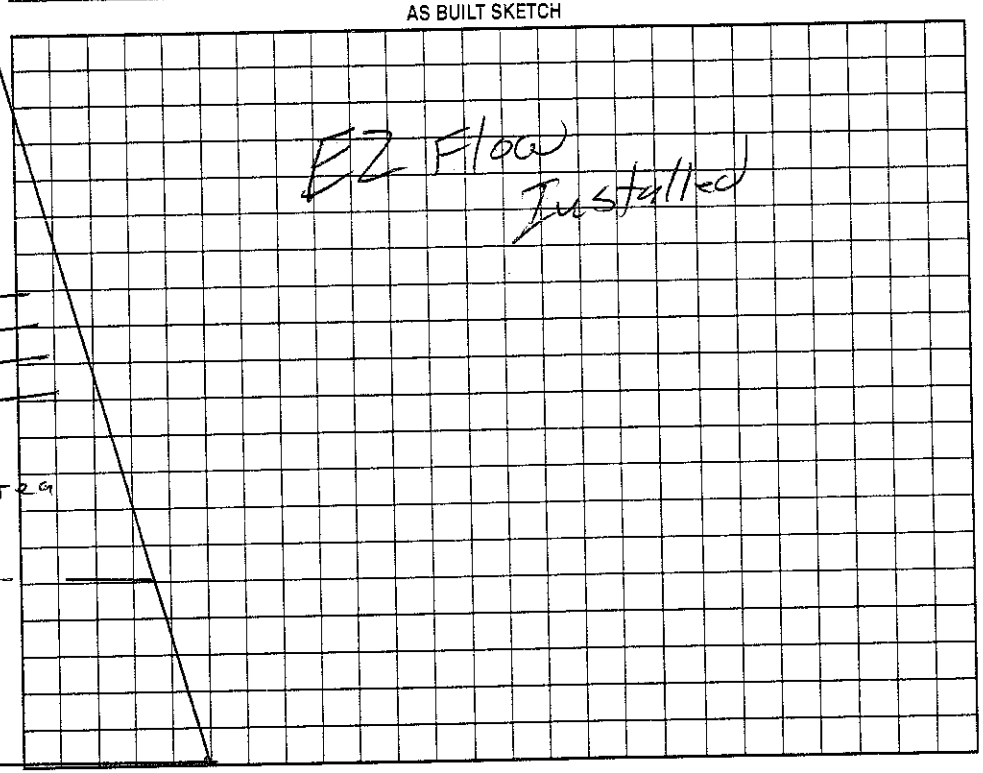
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



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 2-25-03 Installed by: R+H

Improvement Permit by: ____ RS date 2/20/03 Operation Permit by: ____ RS date 3/26/04

Authorization to Construct by: ____ RS date 2/20/03 Existing System Inspection by: ____ date ____

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