2:45-3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072160 PIN# 4625941684 / 4635-03-8548 DATE Aug 1, 98

OWNER OR CONTRACTOR Crescent Resources dba Lakeland Company PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Brawley Sch Rd. to The Pointe Dr. Queen Anne Circle to Vineyard DR. on left near end

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 41 LOT AREA 29,567 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 797 Date 7/19/99
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 NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity/pumped 25-50% Red
Maintenance Agreement Required: ☐ Yes ☑ No

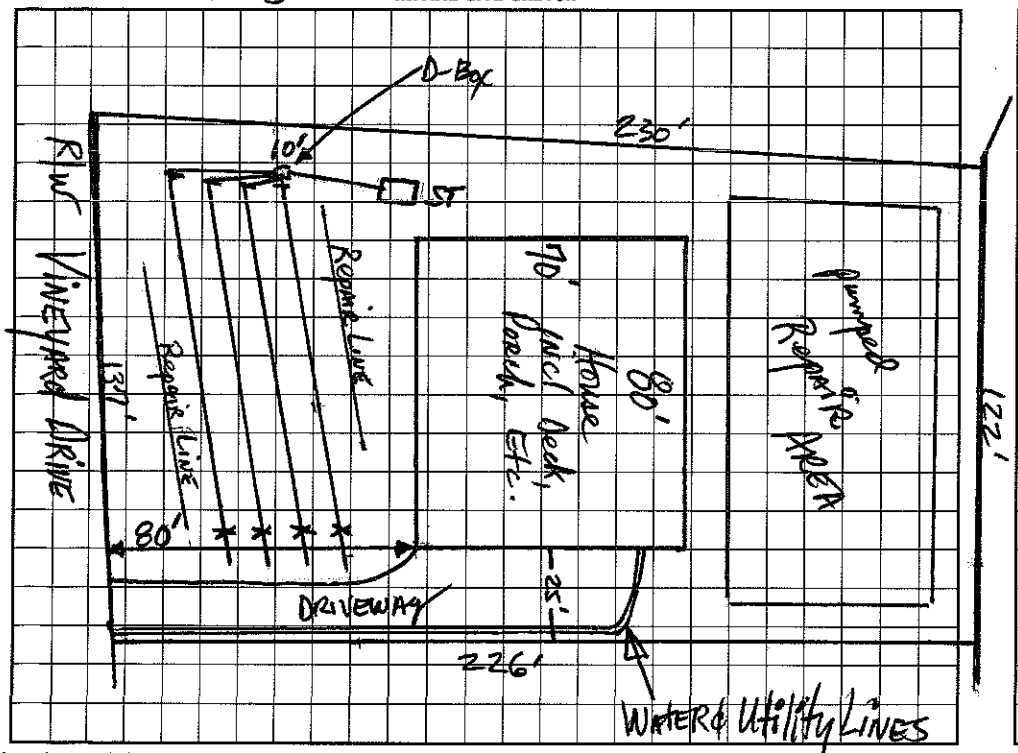
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: * ONE INSPECTION / observation port per Lateral.
Remove any old Burns / TERRACES
3-29-99 Reviewed house & site plan; appears in compliance w/ I.P.

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: Paul D. Reagin date 8-20-98 Installed by: Orbison

Improvement Permit by: Mark Johnson date 8-1-98 Operation Permit by: Mark Johnson date 8/18/99

Authorization to Construct by: Mark Johnson date 3-29-99 Existing System Inspection by: _____ date _____

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