IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 72843 PIN# 4625 941 684 4635-04-0087 DATE 9/13/99

OWNER OR CONTRACTOR CRESCENT RESOURCES / Helms (GM) PHONE: Business _____ Home _____

ADDRESS PO Box 1003 CHARLOTTE NC

LOCATION BRAWLEY SCHOOL - TL POINTE DR. - QUEEN ANNE CIRCLE - TO VINEYARD DR. ON RT

SUBDIVISION POINTE BLOCK / SECTION 1A LOT 64 LOT AREA 42 352 +/- SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. - 3

Septic Tank: ~~1000~~ ~~1000~~ 500 Gallons; STB 338 Date 1-25-00

Pump Tank: 1000 Gallons; PT 27 Date 4-4-00

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~600~~ 600 Linear Feet 300

No Lines 3@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 PANEL

Repair System Description: SAME

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

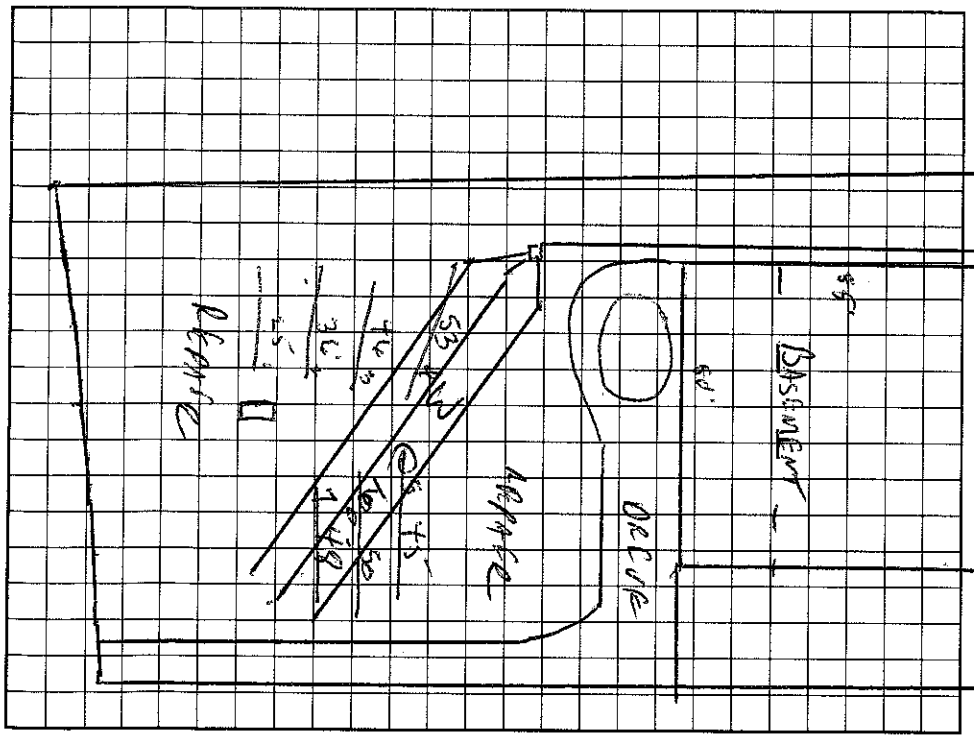
Comments:/Conditions:

Comments:/Conditions: 1/14/00 - Drainfield checked - AWS

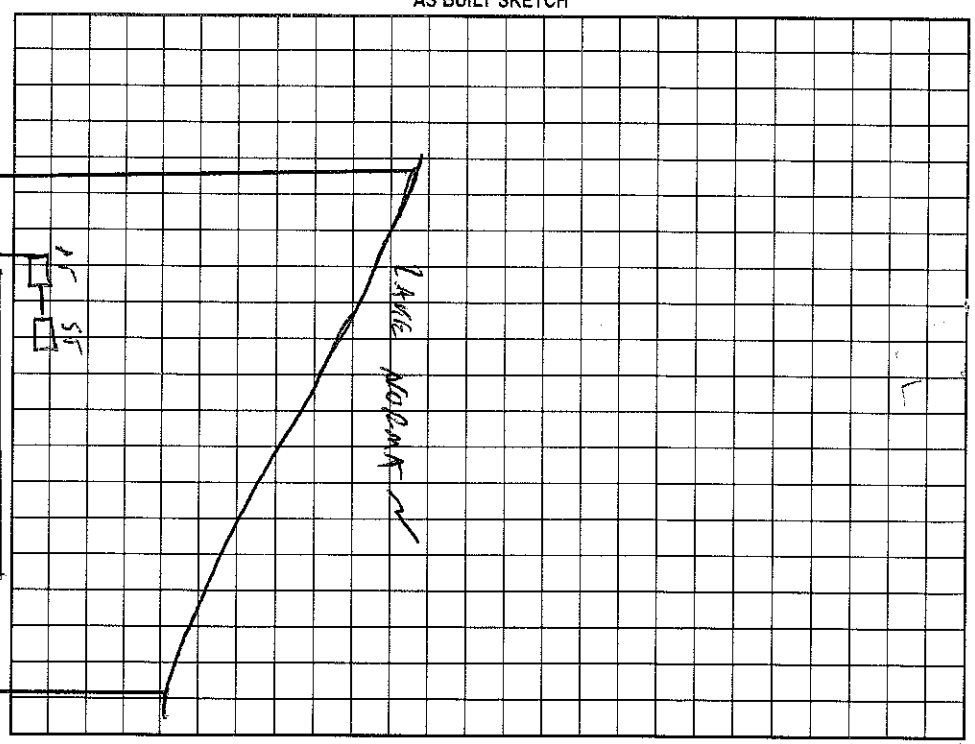
5/9/2000 Tanks checked

~~Check filter when pressure is checked~~

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: Carolyn Spellenberg date 9-13-99 Installed by: R+H Elec.

Improvement Permit by: C. [illegible] RS date 9/13/99 Operation Permit by: Maria [illegible] RS date 5/17/2000

Authorization to Construct by: C. [illegible] RS date 9/13/99 Existing System Inspection by: _____ date _____

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