IREDELL COUNTY HEALTH DEPARTMENT

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

(11:00)

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

PERMIT# 07165-3 PIN# ~~4625941684~~ 4635-04-1888 DATE 6/1/99

OWNER OR CONTRACTOR Crescent Resources Inc. / Bill Hart PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch. / TL The Pointe Dr. Queen Anne Circle to Easton Dr on left

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 122 LOT AREA 38,374 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 7197 Date 7/11/99

Pump Tank: 1000 Gallons; PT 27 Date 7/11/99

Pump Make: MYERS Model ME-505-21 Serial No. 7/6/98

Nitrification Field: No Fields 1 Square Feet 1108 Linear Feet 336

No Lines 6 @ 56' 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/Gravel

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

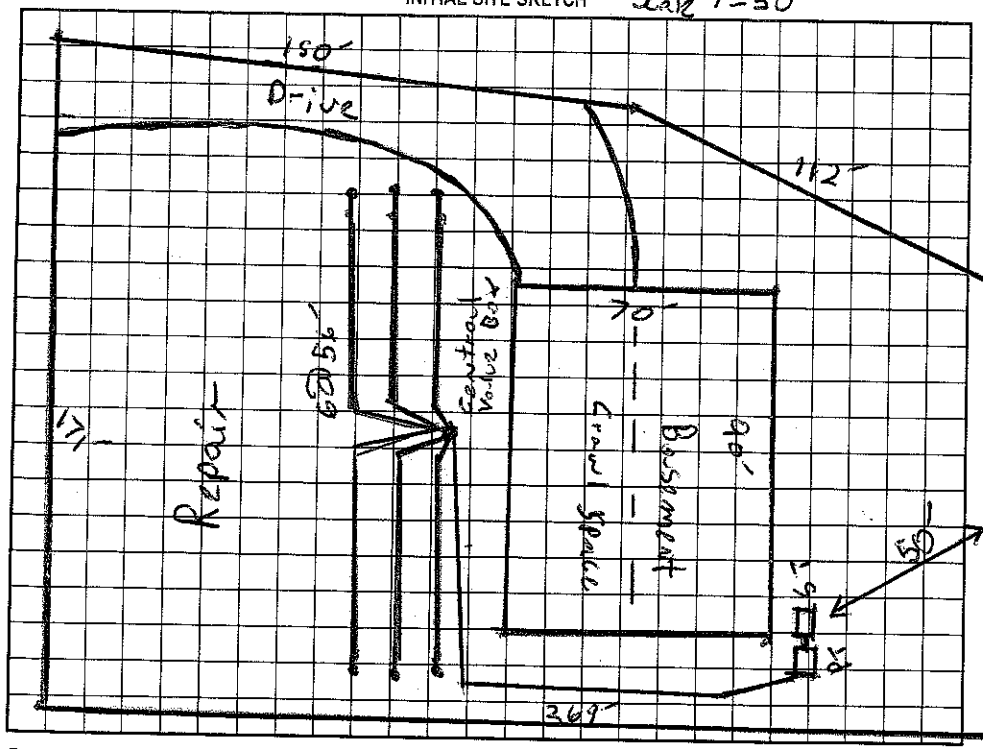
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

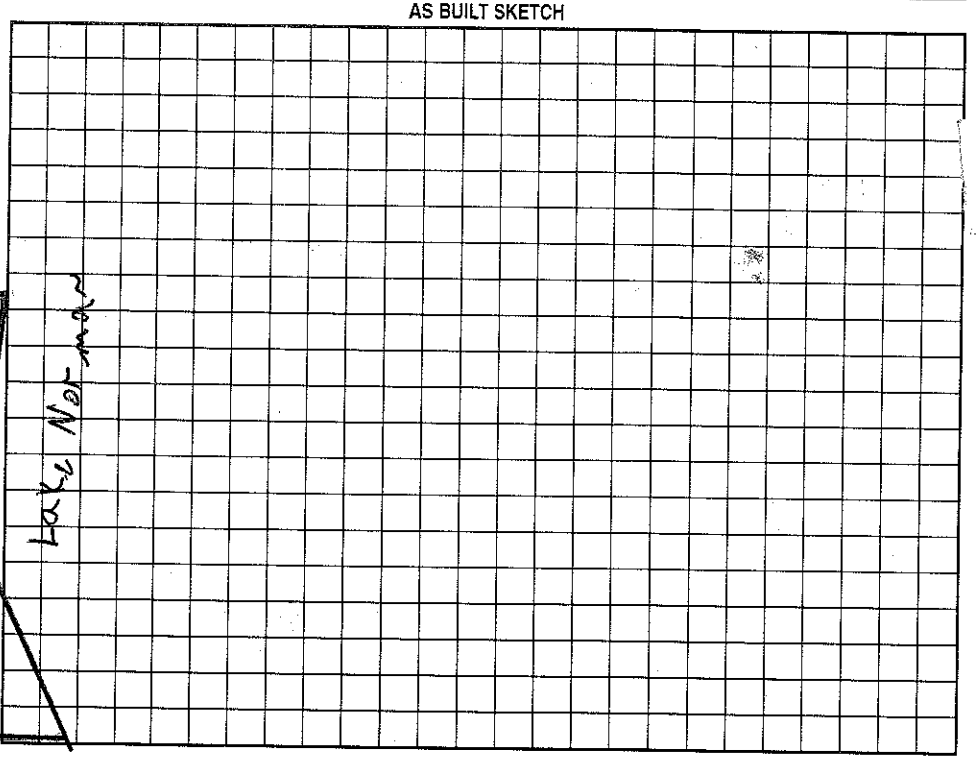
Comments/Conditions:

Comments/Conditions: L M H H M L

INITIAL SITE SKETCH Scale 1=50



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 _____

Improvement Permit by: Jeff Morgan date 6/1/99

Authorization to Construct by: Jeff Morgan date 6/1/99

Installed by: B. MAYHEW

Operation Permit by: Wesley Sparks R.S. date 1/3/00

Existing System Inspection by: _____ date _____

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