(2:00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073401 PIN# 4625941684 4635-04-3390 DATE Aug. 3, 98

OWNER OR CONTRACTOR Crescent Resources clo Mr. Hendrick Rand PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte, N.C. 28201

LOCATION Brawley Sch Rd. TL The Pointe Drive Queen Anne Circle to Vineyard Dr. on left

SUBDIVISION The Pointe BLOCK/ SECTION 1A LOT 49 LOT AREA 31,269 ft² SITE CLASS. VS DESIGN FLOW 480 gpd L.T.A.R. w.3

Septic Tank: 1500 Gallons; STB 999 Date 2/1/99
Pump Tank: 1000 Gallons; PT 29 Date 1/18/99
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel Block
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☑ Yes ☐ No

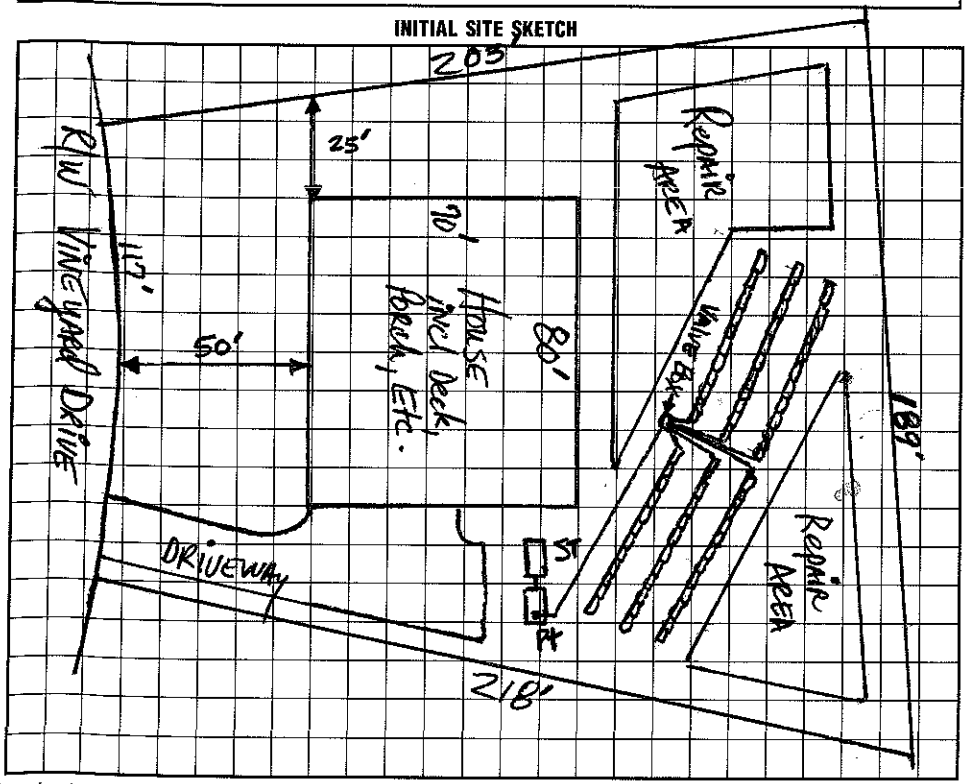
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: Remove any old Burms / Terraces

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 G. Rumpf date 8-24-98 Installed by: Bob Mayhew

Improvement Permit by: Mark R. Thomas, RS date 8-3-98

Authorization to Construct by: D. R. Thomas, RS date 1-22-99 Operation Permit by: Wesley Sparkes date 8/30/99

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