IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

2109

PERMIT# 073877 PIN# 4635-05-5803 DATE Sept. 12, '90

OWNER OR CONTRACTOR Crescent Resources Dev. / SIMONINI HOMES PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION Brawley Rd. TL Chatham Rd. TL Max Pair Rd. 2nd immediately on Right - corner lot

SUBDIVISION The Pointe BLOCK / SECTION 1-B LOT 17 LOT AREA 20,127 ft² SITE CLASS. 1PS DESIGN FLOW 480 gpd L.T.A.R. No. 3

Septic Tank: 1000+150 Gallons; STB 338 Date 10-21-03

Pump Tank: 1000 Gallons; PT 283 Date 12-20-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 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: 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

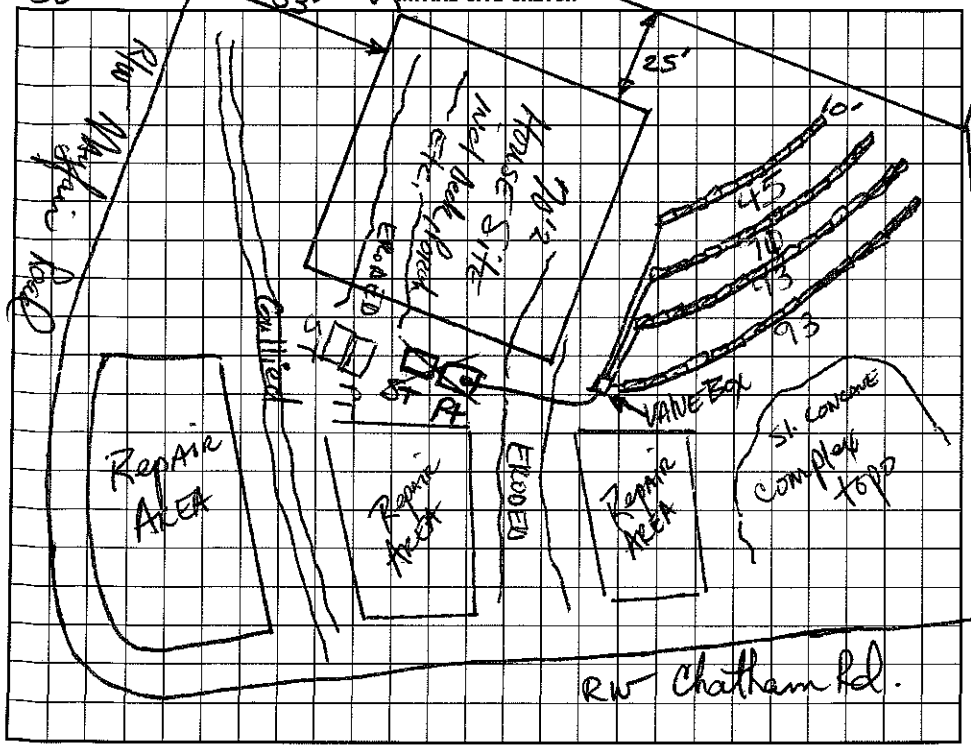
Water Supply: ☐ Individual ☒ Public ☑ Community

Comments:/Conditions: Properly fill eroded and gullied areas.

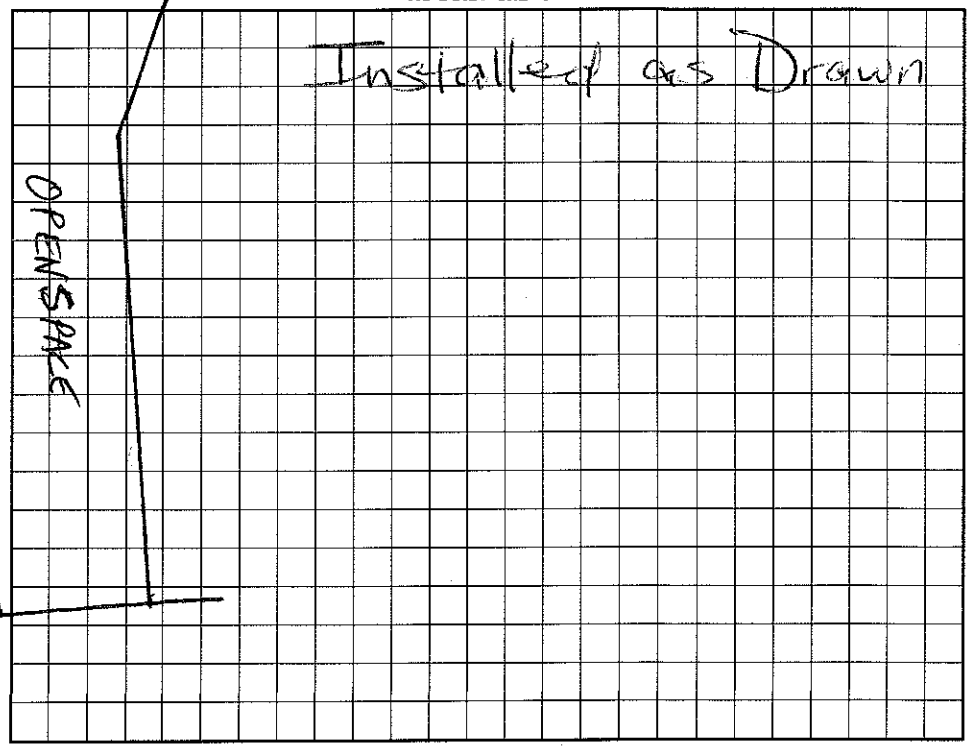
Comments:/Conditions: 72 panels 3/16" hole drilled

1"=50'

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: _____ date 10/15/90 Installed by: R & H Trac RS

Improvement Permit by: _____ date 9-12-98 Operation Permit by: _____ date 4/27/04

Authorization to Construct by: _____ RS date 5/3/03 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