IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073953 PIN# ~~4625944184~~ 4635-06-4267 DATE Oct. 13, '98

OWNER OR CONTRACTOR Crescent Resources clo Mc Whites Const PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch. Rd, TL Chatham Rd. TL Mayfair Rd. on left

SUBDIVISION The Point BLOCK / SECTION 1-B LOT 52 LOT AREA 28,439 ~~SF~~ SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .42-.25

Septic Tank: ~~1000 + 1500~~ Gallons; STB 797 Date 9/22/99

Pump Tank: 1000 Gallons; PT 27 Date 9/1/99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' Trench Width 36" Trench Bottom Depth 36" 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

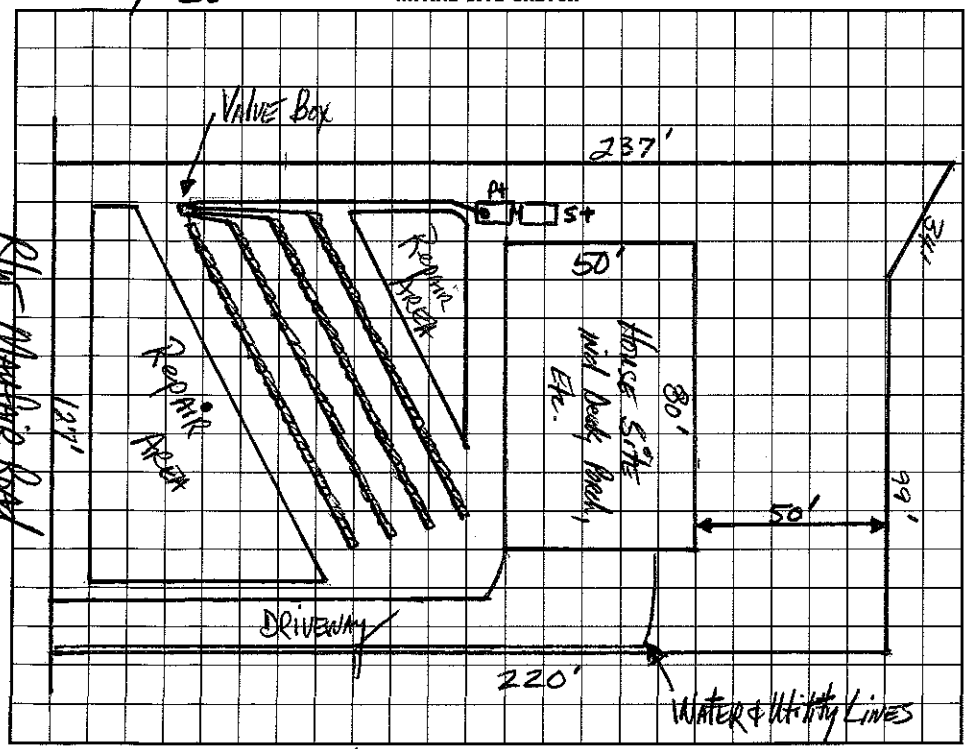
Water Supply: ☐ Individual ☑ Public ~~☐ Community~~

Comments:/Conditions: Anti-siphon hole required in supply line above pump. Remove any old burns, terraces.

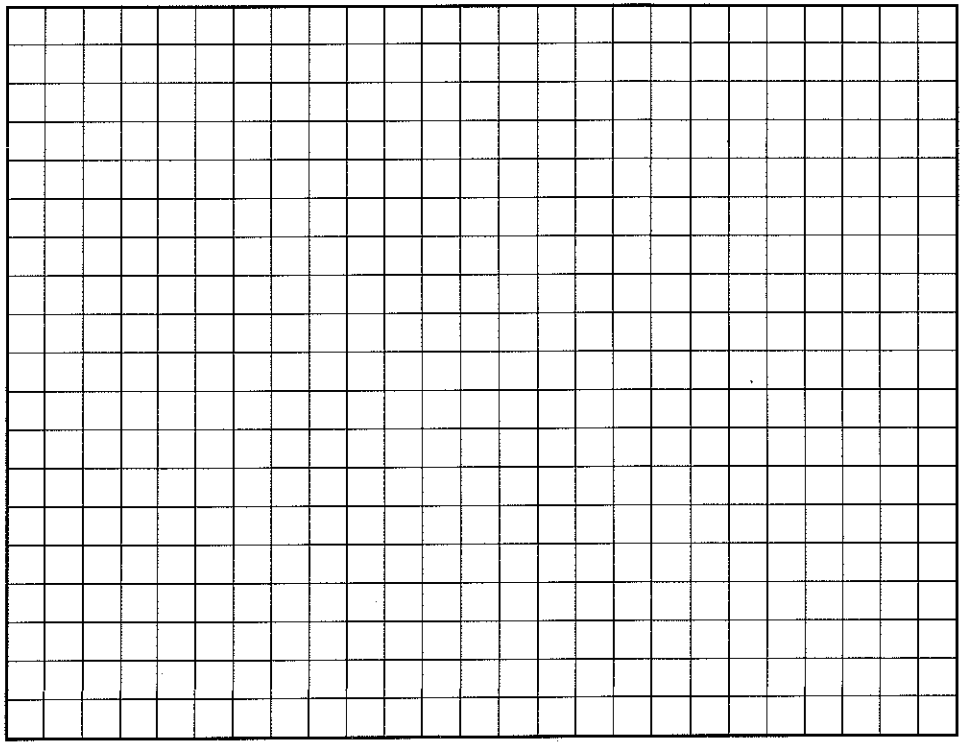
6-15-99 Reviewed house plan; appears OK. Site plan to be adjusted as follows: Remove 2' off deck, push house to 50' & SP REAR and swag sidewalk. DPH

Comments:/Conditions: Checked tanks 12/17/99 MO

INITIAL SITE SKETCH 1" = 50'



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 10/15/98

Improvement Permit by: _____ date 10-13-98

Authorization to Construct by: _____ date 6-15-99

Installed by: R + H Clne

Operation Permit by: _____ date 3/23/2000

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