IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 074992 PIN# 4685941684 4635071635 DATE 3/20/02

OWNER OR CONTRACTOR CRESCENT RES COMMUNITIES / DIENST CUST. HOMES PHONE: Business _____ Home _____

ADDRESS ~~PO Box~~ 19315 W. CATAWBA CORNELIUS NC 28031

LOCATION BRAWLEY SCHOOL - TL QUAKER - ON LT 155 Quaker

SUBDIVISION POINT BLOCK / SECTION 1C LOT 29 LOT AREA 49,329 sf SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3 gpd/sf

Septic Tank: 1000 Gallons; STB 338 Date 6-30-02
Pump Tank: 1000 Gallons; PT 283 Date 7-6-02
Pump Make: Myers Model ME50S-21 Serial No 25325D08
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@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 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

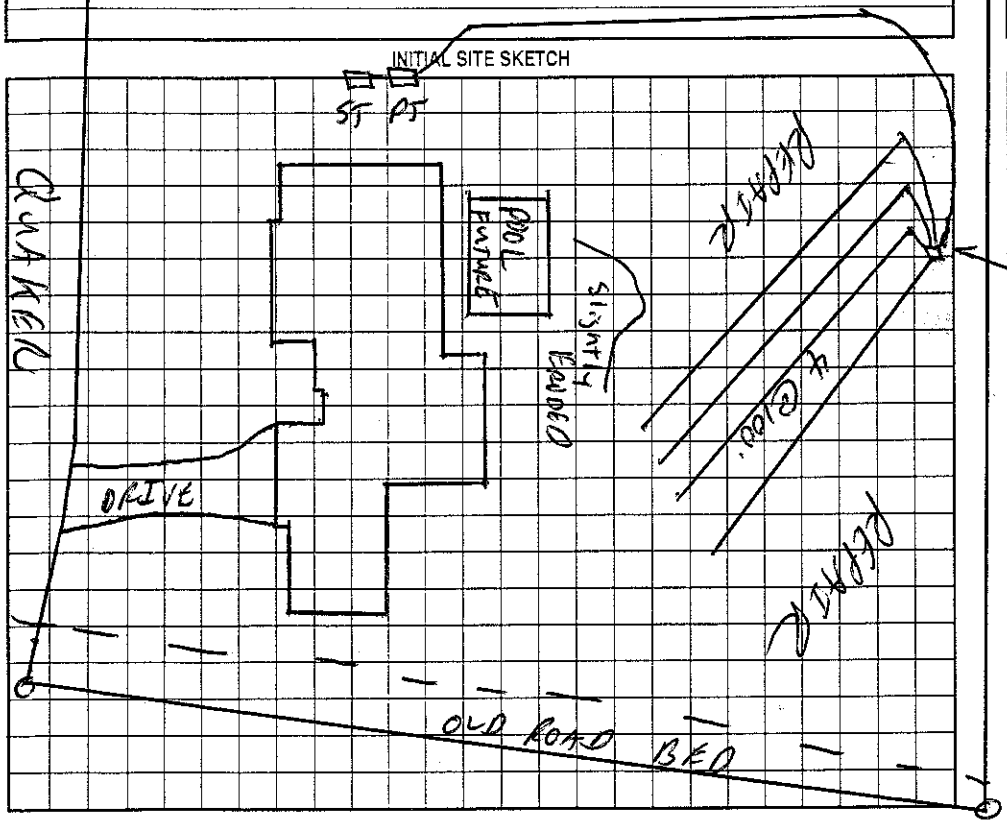
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

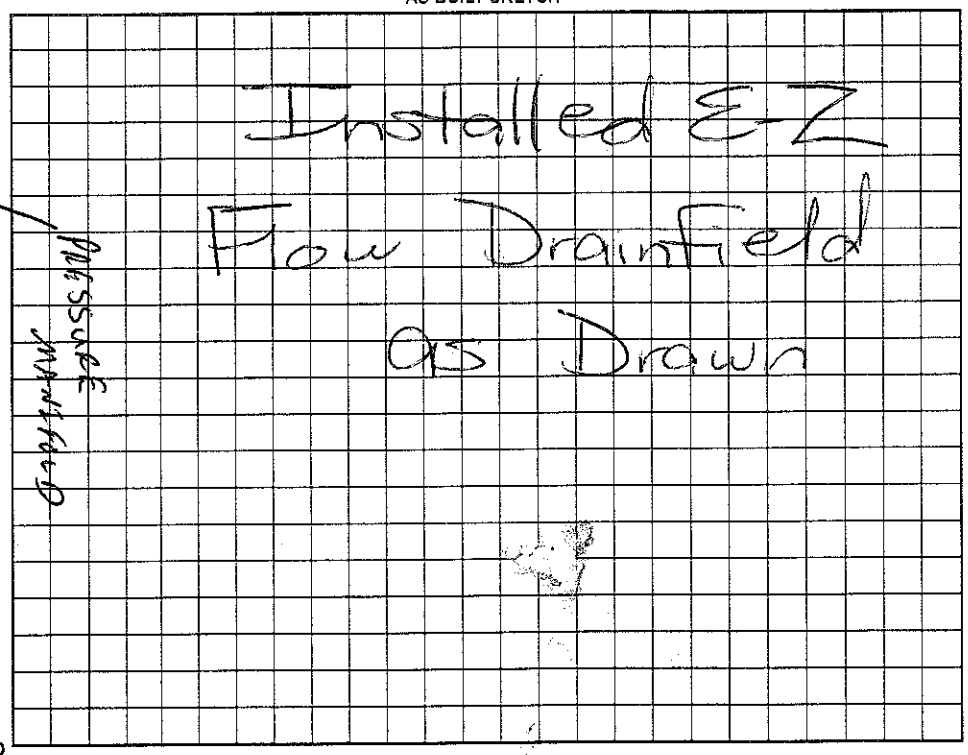
Comments:/Conditions:

Comments:/Conditions: ~~A~~ Future pool must be 15' from Septic tanks & drainlines
Checked tanks & lines 8/8/02 mzb
1"=50'

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: _____ date 3/20/02 Installed by: RPH RS

Improvement Permit by: C. Yates RS date 3/20/02 Operation Permit by: Marion H. Dotson RS date 11/4/2002

Authorization to Construct by: C. Yates RS date 3/20/02 Existing System Inspection by: _____ date _____

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