IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075012 PIN# 4625946847 DATE June 21, '99

OWNER OR CONTRACTOR Crescent Resources Inc. // Dienst Custom Homes PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville

LOCATION Brawley Sch Rd. TL Quaker Rd. on Right

SUBDIVISION The Point BLOCK / SECTION 1-C LOT 9 LOT AREA 44,907 sf SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. +3

Septic Tank: 1500 Gallons; STB 338 Date 1/29/00

Pump Tank: 1800 Gallons; PT 27 Date 3/18/00

Pump Make: MYERS Model ME-3F Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1500+ Linear Feet 500+

No. Lines 4 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: PM INNOVATIVE-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees _____

☐ Other _____

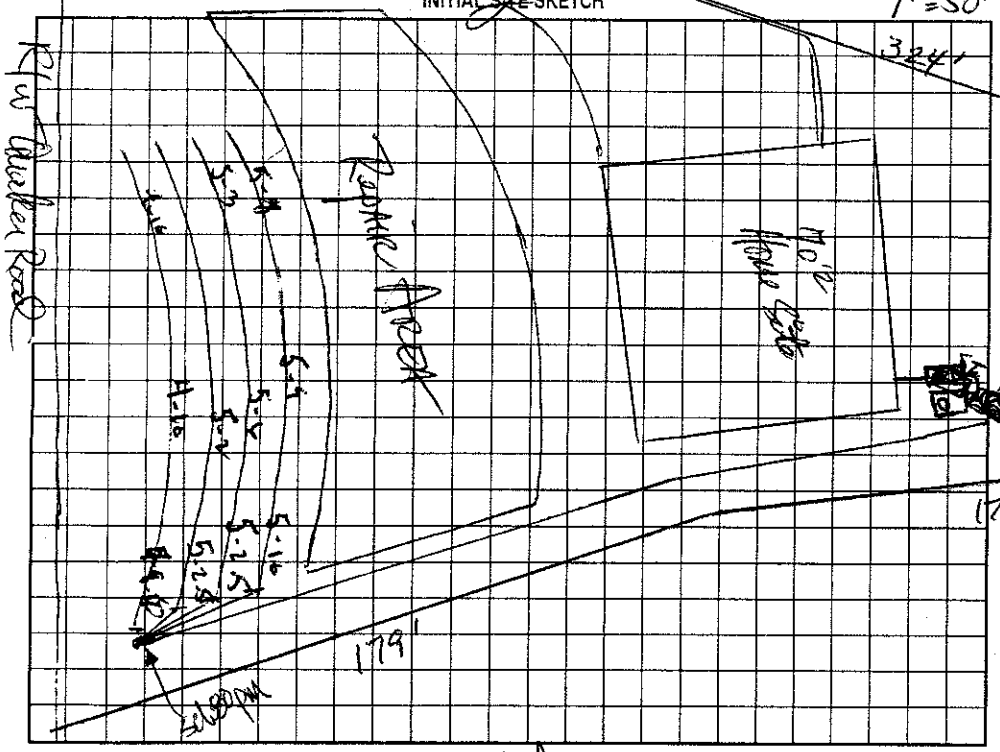
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

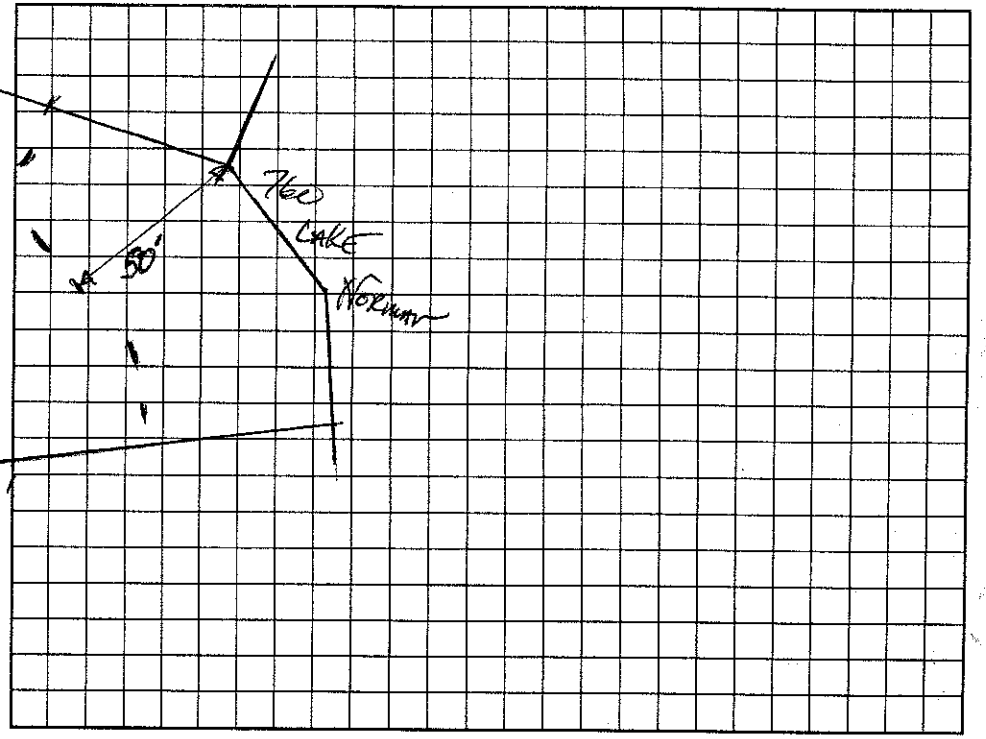
Comments/Conditions: 6-21-99 Reviewed house site plan appears in compliance w/ IP. This permit replaces permit issued 10-9-98.

Comments/Conditions: 22 Lay-el installed.

INITIAL SITE-SKETCH 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 6/28/99 Installed by: R+H Inc.

Improvement Permit by: _____ date 6-21-99 Operation Permit by: _____ RS. date 6/8/2000

Authorization to Construct by: _____ date 6-21-99 Existing System Inspection by: _____ date _____

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