IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07501 PIN# 4625941684 4635-07-7866 DATE Oct 21, 98

OWNER OR CONTRACTOR Crescent Resources Inc. (ARCADIA BLDRS) PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION Brawley Sch Rd. TL Quaker Road on Right

SUBDIVISION The Point BLOCK / SECTION I-C LOT 10 LOT AREA 45,693 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. 0.25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/2/99

Pump Tank: 1000 Gallons; PT 27 Date 10/9/99

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: pumped pm - 25% Reduction

Repair System Description: Simlar or LP Gravel Block

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4/4 No. Bathrooms 4/4 No. Employees _____

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

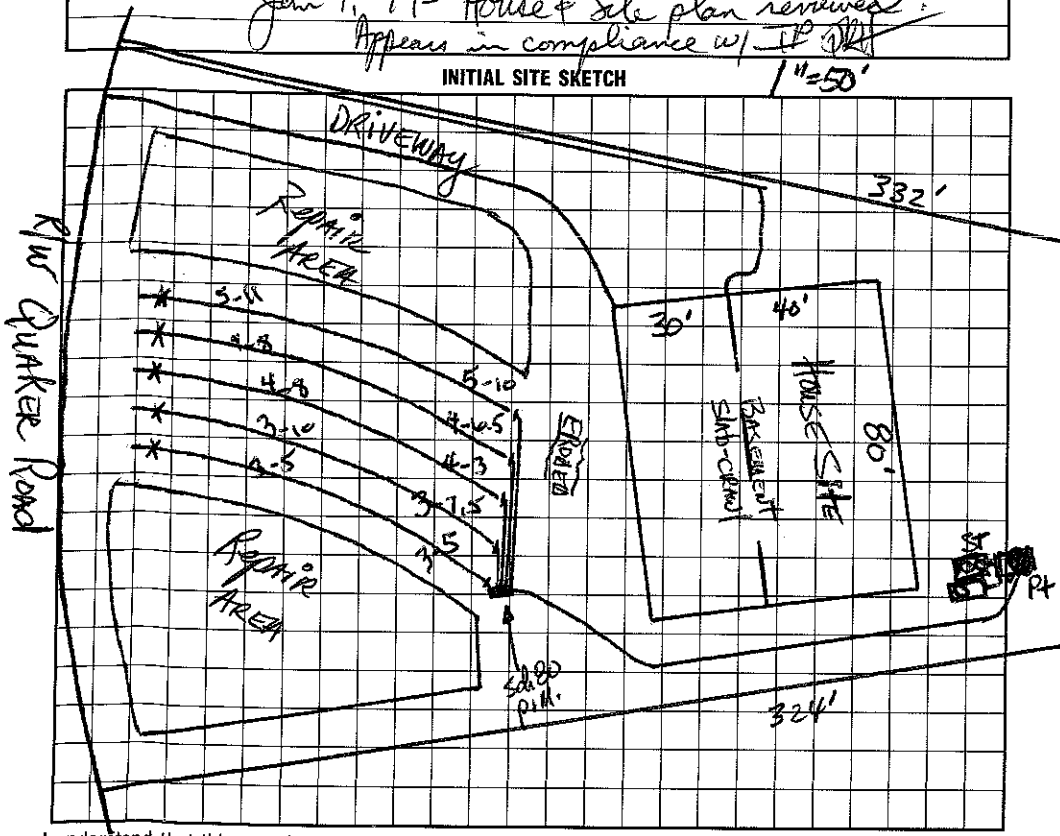
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: *ONE inspection port per Lateral

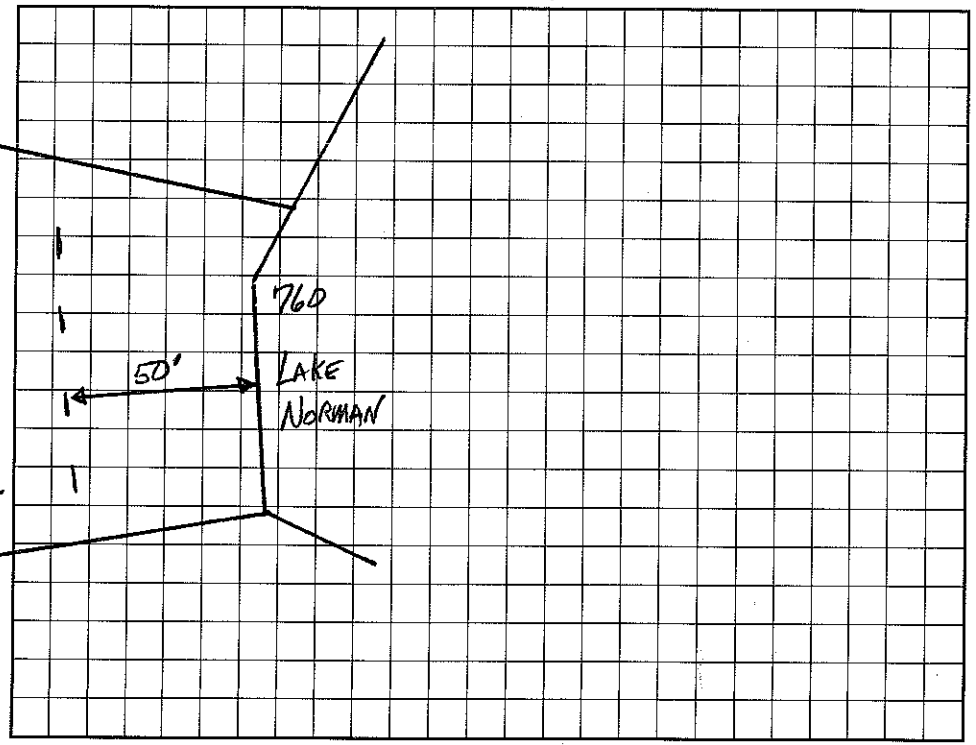
Jan 7, '99 - House & Site plan reviewed. Appears in compliance w/ LP

Comments/Conditions: (partial)

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 10-30-98 Installed by: R + H plmg.

Improvement Permit by: _____ date 10-21-98 Operation Permit by: Wesley Sparks R.S. date 6/15/00

Authorization to Construct by: _____ date 1-7-99 Existing System Inspection by: Wesley Sparks RS date 6/15/00

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