IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE [redacted]

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

11-11-30

PERMIT# 074498 PIN# 4625944684 4635 08 8527 ✓ DATE Oct. 24, '98

OWNER OR CONTRACTOR Crescent Resources Dev. - N. Young Blvd PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley School Rd. TL Quaker Rd. TL Hadley Harbor Ct. AT END

SUBDIVISION The Point BLOCK / SECTION 1-C LOT 21 LOT AREA 43,668 sq ft SITE CLASS. 5 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 797 Date 6/3/99

Pump Tank: 1000 Gallons; PT 27 Date 6/1/99

Pump Make: _____ Model _____ Serial No. _____

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: pumped - pm - 25% Reduction

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

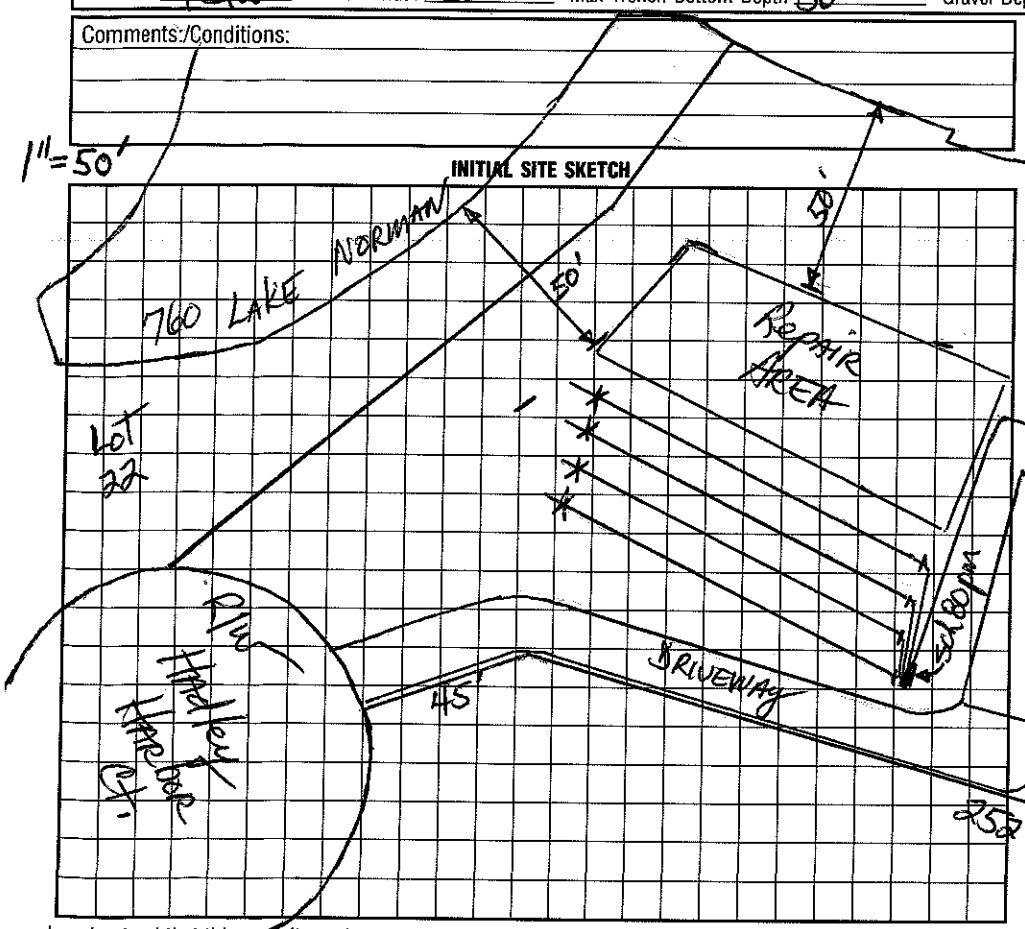
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

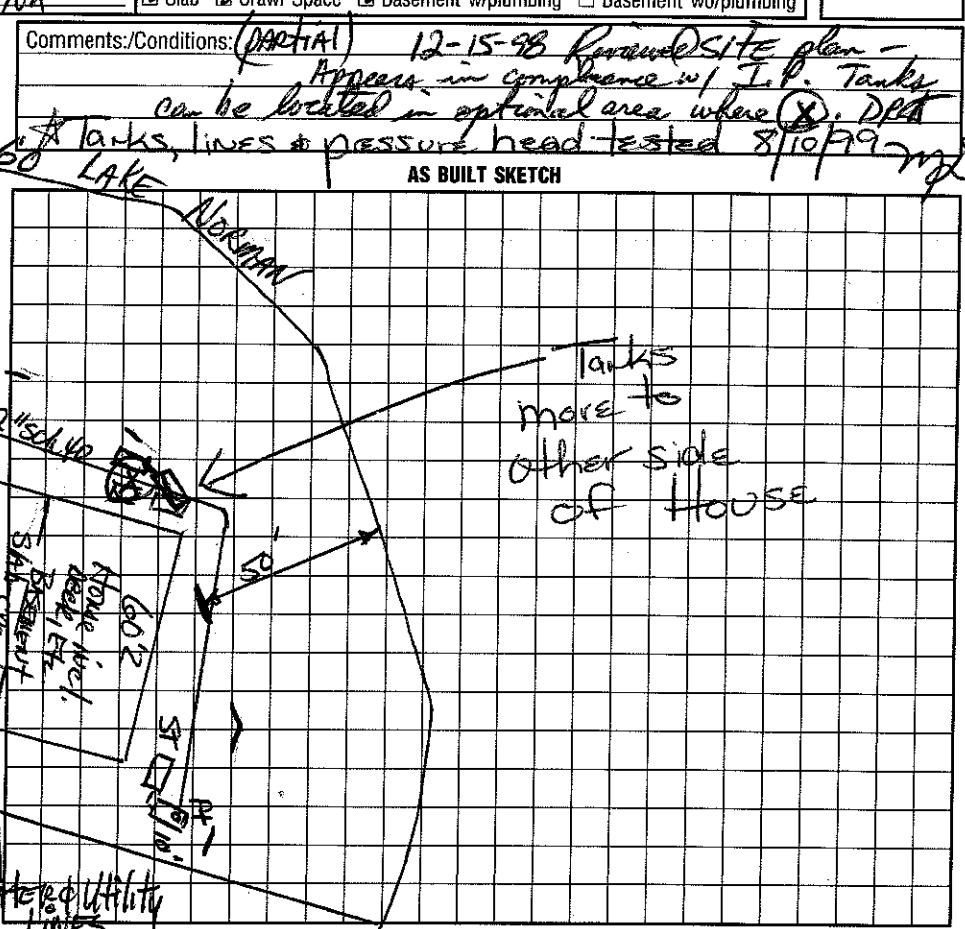
Comments:/Conditions: (PARTIAL) 12-15-98 Revised SITE plan - Appears in compliance w/ I.P. Tanks can be located in optional area where (X). DPA Tanks, lines & pressure head tested 8/10/99 mp

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 10-30-98 Installed by: Orbison

Improvement Permit by: _____ date 10-24-98

Authorization to Construct by: _____ date 12-15-98 Operation Permit by: Wesley Sparks RS. date 9/22/99

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