3:30 - Holman

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072838 PIN# ~~4625-14-6684~~ 4635-12-5694 DATE July 30, '98

OWNER OR CONTRACTOR Crescent Resources Inc. / BROOKSTILE CONST. PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte N.C. 28201

LOCATION Brawley Sch Rd. TL The Pointe DRIVE, Queen Anne Circle to EASTON Rds to Old Post Rd. to Falmouth Rd on Right

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 32 LOT AREA 31,270 ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: ~~1000~~/1500 Gallons; STB 538 Date 2/26/00

Pump Tank: ~~1000~~/1500 Gallons; PT 283 Date 8/7/01

Pump Make: Goulds Model WE0312MU Serial No. 000600047

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI

System Description: LP Panel Block

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

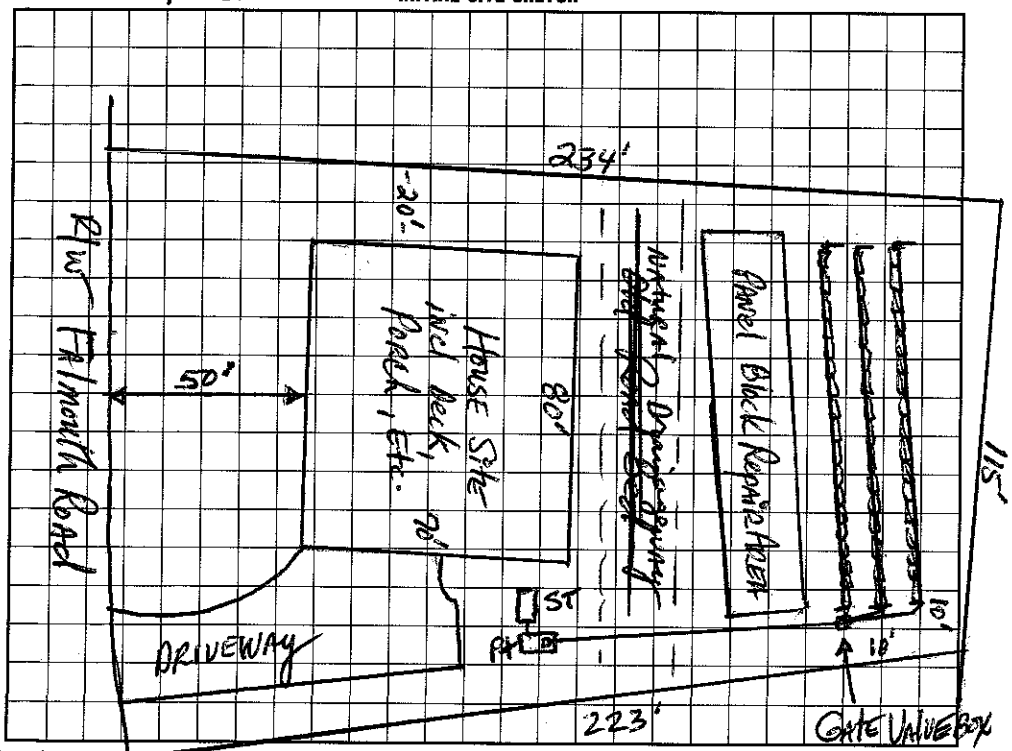
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Remove Any old Buers/Terraces

Comments:/Conditions:

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 8-20-98 Installed by: Holman Const

Improvement Permit by: _____ date 7-30-98 Operation Permit by: _____ RS date 5/7/02

Authorization to Construct by: _____ RS date 7/13/01 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