106798 4635 13 2476

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072835 PIN# 4625941684 DATE Jan. 13, 1999

OWNER OR CONTRACTOR Crescent Resources Attn: G.M. Helms Const. PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch Rd TL The Point Dr. Queen Anne Circle to Easton Dr. to Old Post Rd. on right

SUBDIVISION The Point BLOCK / SECTION 1-A LOT 20 LOT AREA 42,161 ft² SITE CLASS. 5 DESIGN FLOW 460gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 797 Date 7/3/99

Pump Tank: 1000 Gallons; PT 27 Date 7/12/99

Pump Make: MYERS Model MTE-3F Serial No. 8/99

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6@50' Trench Width 36" Max Trench Bottom Depth ~36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, 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 ____

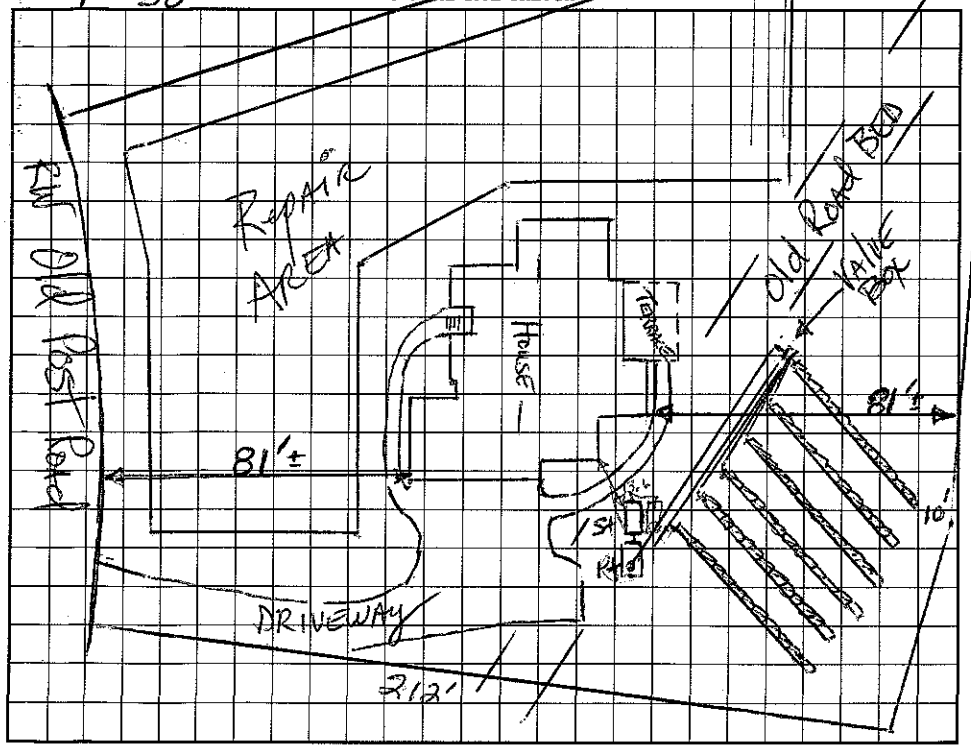
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: Outlet marked down - uncovered and re-leveled

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: Carolyn Ogburn date 1-13-99

Improvement Permit by: [signature] date 1-13-99

Authorization to Construct by: [signature] date 1-13-99

Installed by: R+H Const.

Operation Permit by: Wesley Sparks RS. date 11/9/99

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