IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07/92 PIN# 4625944684 4635-13-3834 DATE Aug 11, '98

OWNER OR CONTRACTOR Crescent Resources, Inc. (DIENST CONST.) PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

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

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 102 LOT AREA 59,146 sf SITE CLASS. B DESIGN FLOW 480 gpd L.T.A.R. .3 Initial (.1-.125 LPP Repair)

Septic Tank: ~~1000~~ 1,500 Gallons; STE 338-21 Date 3-9-00

Pump Tank: 1000 Gallons; PT _____ Date 7-9-00

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 32" 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 pm 25% Red. & LPP

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

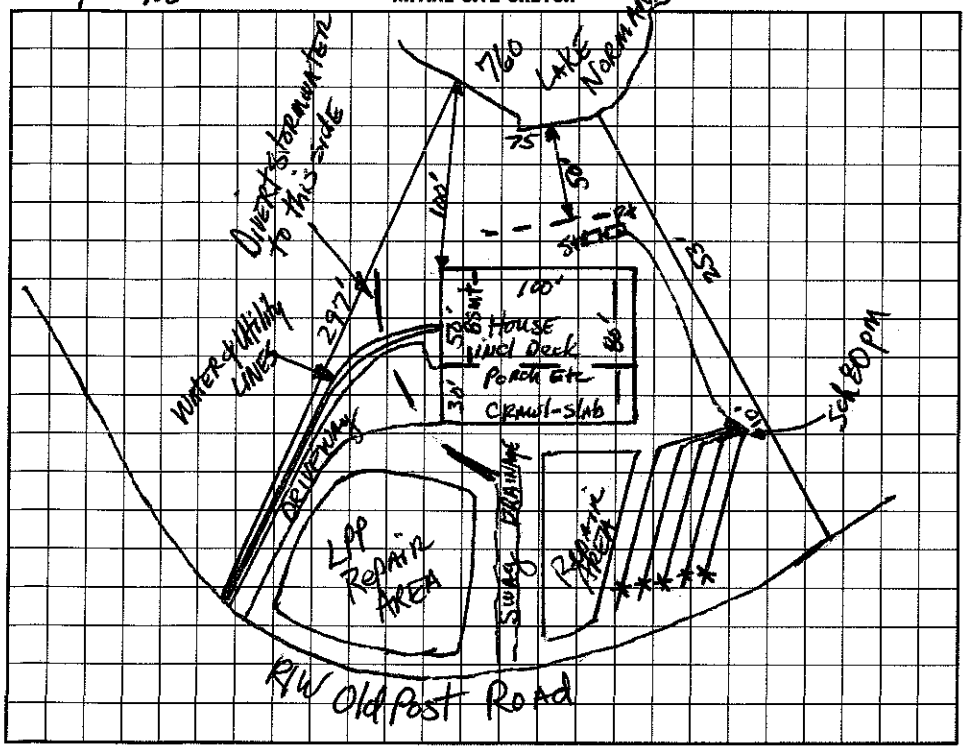
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: 3-9-2000 Reviewed house & site plan — appears in compliance w/ I.P. ODB

Comments/Conditions: (PARTIAL) 9/15/00 Drainfield inspected + OK'd.

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH

E-Z Flow installed for Drainfield

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 8-2-99

Improvement Permit by: _____ date 8-11-98

Authorization to Construct by: _____ date 3-9-2000

Installed by: H+R

Operation Permit by: _____ date 11/29/2000

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