IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVIL[illegible]64-5281

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

PERMIT# 072127 PIN# 4625941684 DATE July 29, '98

OWNER OR CONTRACTOR Crescent Resources Inc. // Potter Bld Inc PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION Brawley S.J. Rd. TL The Pointe DR. Queen Anne Circle to EASTON DRIVE TO old Post Rd. to Falmouth to Barnstable Ct.

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 26 LOT AREA 43,561 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 797 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1620 Linear Feet 540

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity pumped conventional

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

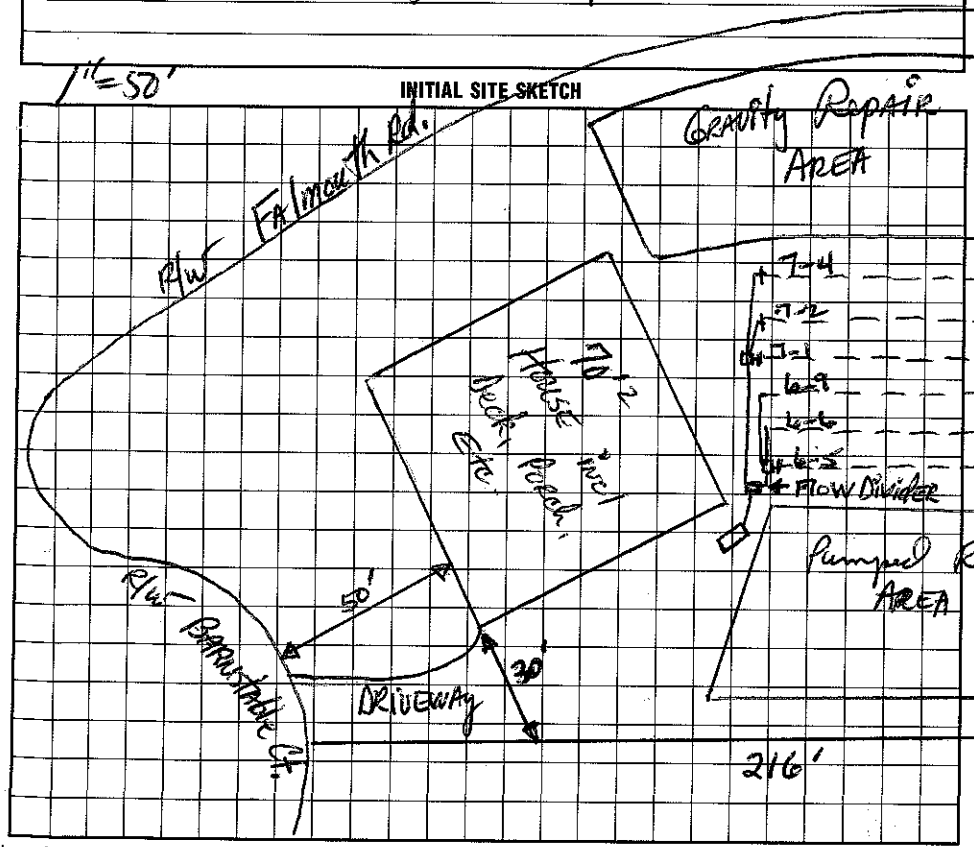
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: Remove any old Burns / Terraces

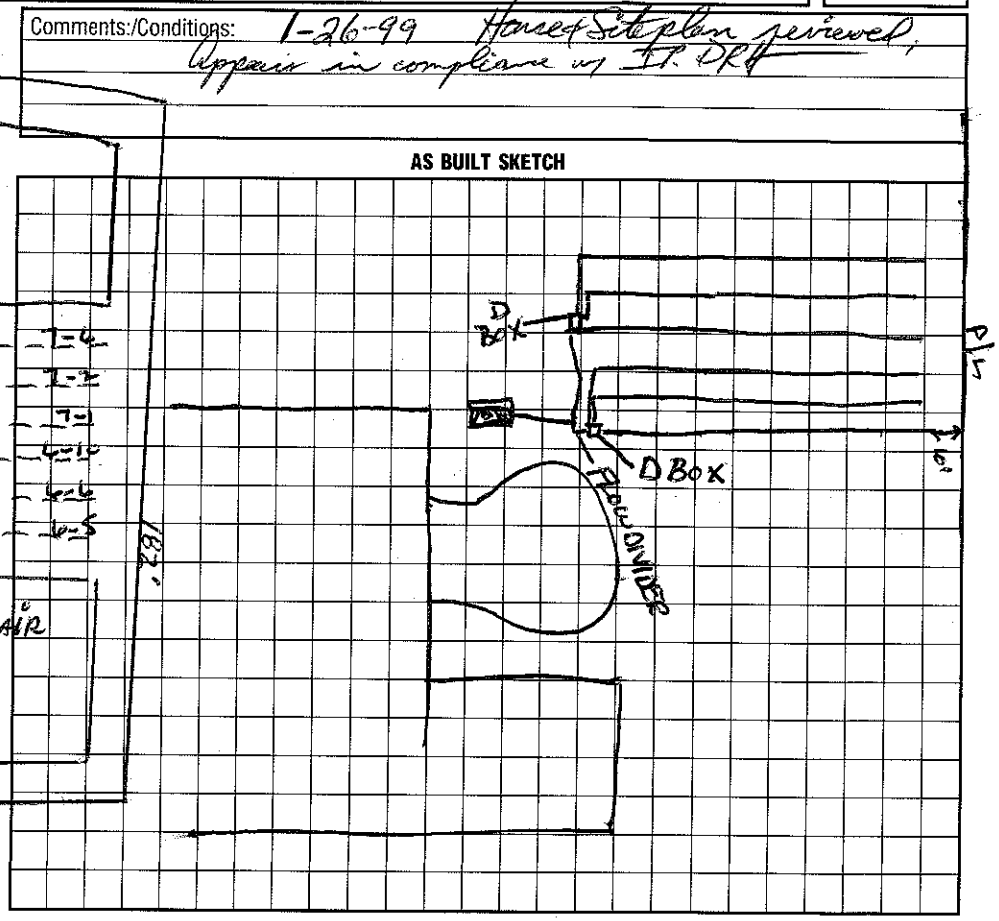
Comments:/Conditions: 1-26-99 House Site plan reviewed, appears in compliance w/ Ft. DRF

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: [signature] date 8-2-98 Installed by: Bob Mayhew

Improvement Permit by: [signature], RS date 7-29-98 Operation Permit by: Wesley Sparks RS date 10/25/99

Authorization to Construct by: [signature], RS date 1-26-99 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