IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072829 PIN# 4625944684 4635/14 2158 DATE July 25, '88

OWNER OR CONTRACTOR Crescent Resources Dev // Eland Custom Homes PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte

LOCATION Beasley Sch Rd TL The Pointe DR. Queen Anne Circle to Easton Drive to Old Post Rd. on Right

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 14 LOT AREA 41,281 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 3 unlimited / .25 Repair pumped

Septic Tank: 1000 Gallons; STB 338 Date 10/20/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: GRAVITY, 25% Reduction

Repair System Description: GRAVITY / Pumped 25% Red.

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

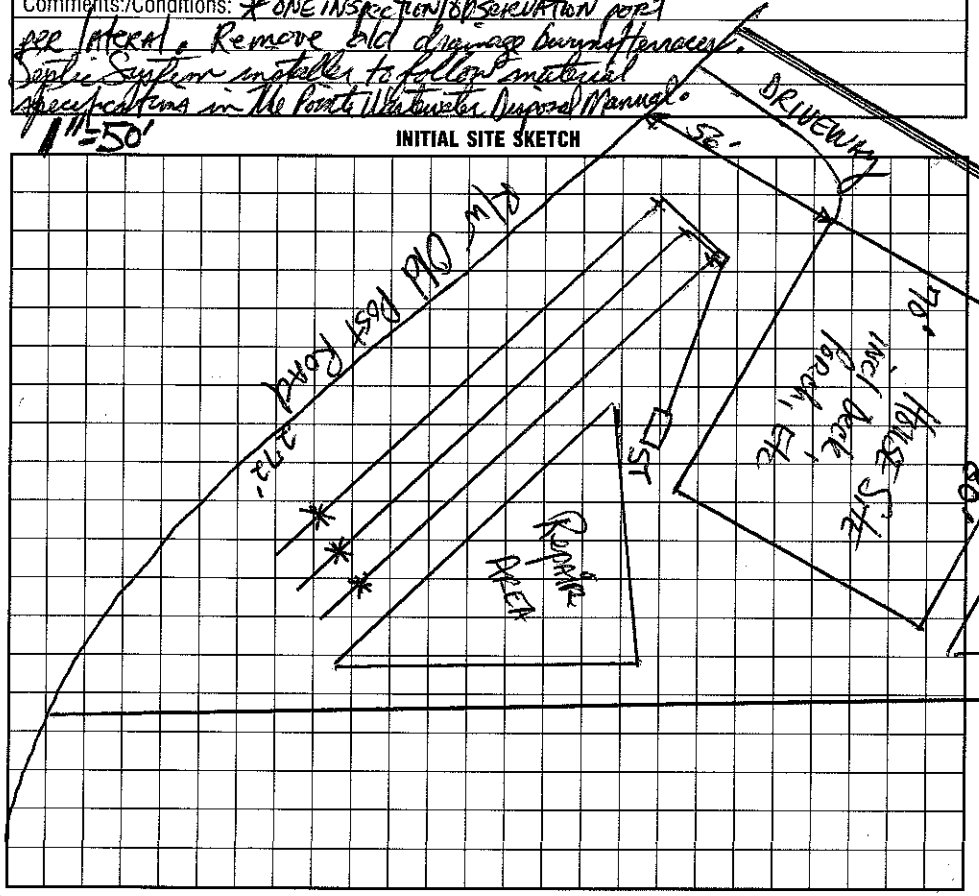
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: * ONE INSPECTION/OBSERVATION PORT per lateral. Remove old drainage burm/terraces. Septic System installer to follow material specifications in The Pointe Wastewater Disposal Manual.

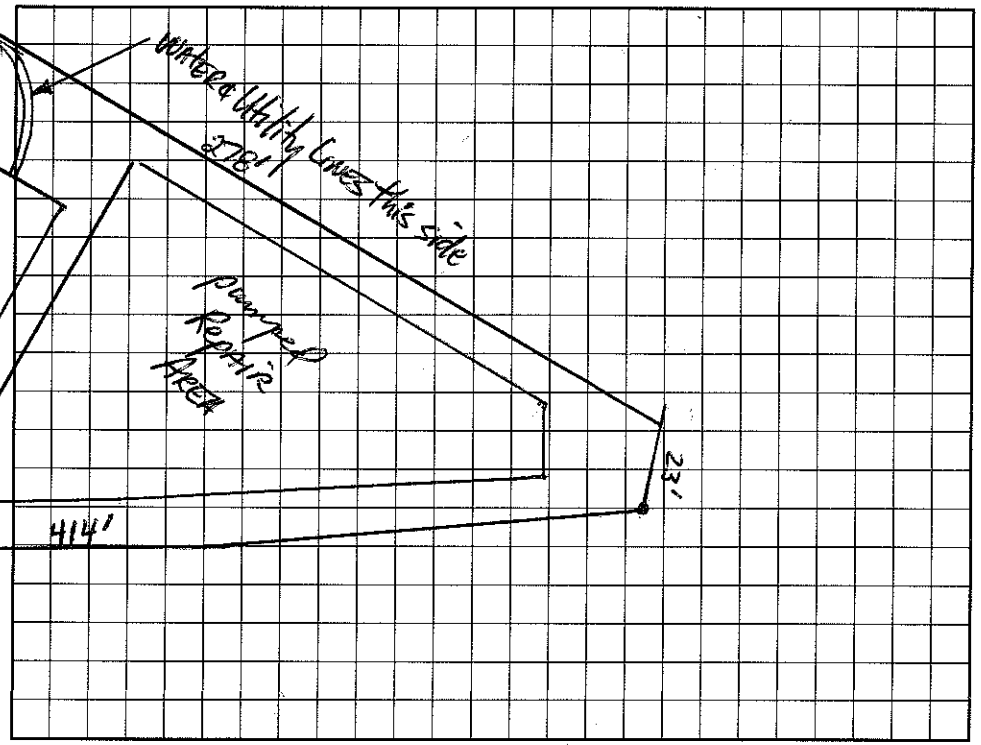
Comments:/Conditions:

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: Orbison

Improvement Permit by: _____ IP date 7-25-98

Authorization to Construct by: _____ IP date 5-23-03

Operation Permit by: _____ RS date 12/2/03

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