IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071615 PIN# 4625944684 4635-14-8331 DATE March 1, 99

OWNER OR CONTRACTOR Crescent Resources/ Tom Stevenson 6. 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. to Moore's End.

SUBDIVISION The Point BLOCK / SECTION 1A LOT 105 LOT AREA 35,764 sf SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 4-17-00
Pump Tank: 1000 Gallons; PT 27 Date 4-12-00
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pumped-pr-25% Red. / Innovative LP Tank / Block
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

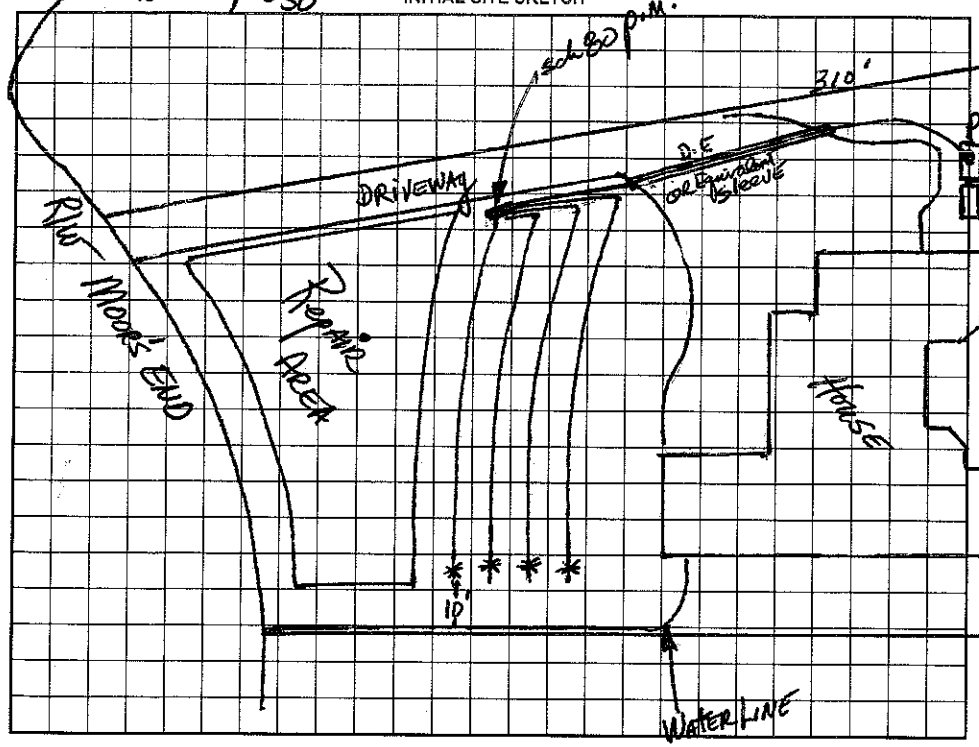
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

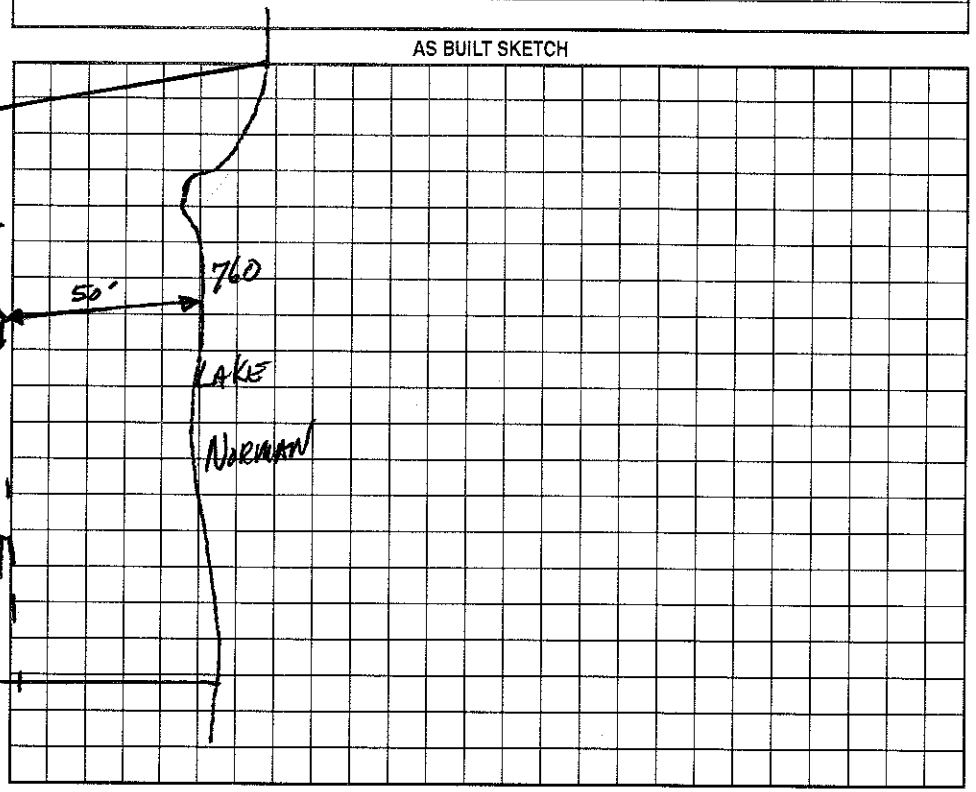
Comments/Conditions: * ONE inspection port per LATERAL
This permit replaces previous permit.

Comments/Conditions: Fit Heronsite but Not installed yet.
Tank Set Lines checked 5/31/2000

INITIAL SITE SKETCH



AS BUILT SKETCH



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 3-2-99 Installed by: R & H Inc.

Improvement Permit by: _____ date 3-1-99 Operation Permit by: _____ KST date 7/20/00

Authorization to Construct by: _____ date 3-1-99 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK