IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 500.00 Paid (11:00) MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO.

PERMIT# 7617 PIN# ~~4625-54-1654~~ 4635-14-9594 DATE 3/21/01

OWNER OR CONTRACTOR CRESCENT RESOURCES - DIENST HOMES PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE

LOCATION BRAWLEY SCHOOL - TL POINTDR. - QUEEN ANN - TL EASTON - OLD POST - MOORSEND

SUBDIVISION POINT BLOCK / SECTION 1A LOT 107/107A LOT AREA 48528 SITE CLASS. PS DESIGN FLOW # 720GPD L.T.A.R. .3gpd/LAT

Septic Tank: 1500 Gallons; STB 797 Date 8-21-99
Pump Tank: 1500 Gallons; PT 338 Date 2-6-01
Pump Make: Meyers Model me150 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400
No Lines 4@100' 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: LP PANEL/OFFSITE
Repair System Description: LP PANEL/½ OFFSITE
Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 6
☐ Mobile Home No. Bathrooms 6
☐ Business No. Employees _____
☐ Other _____

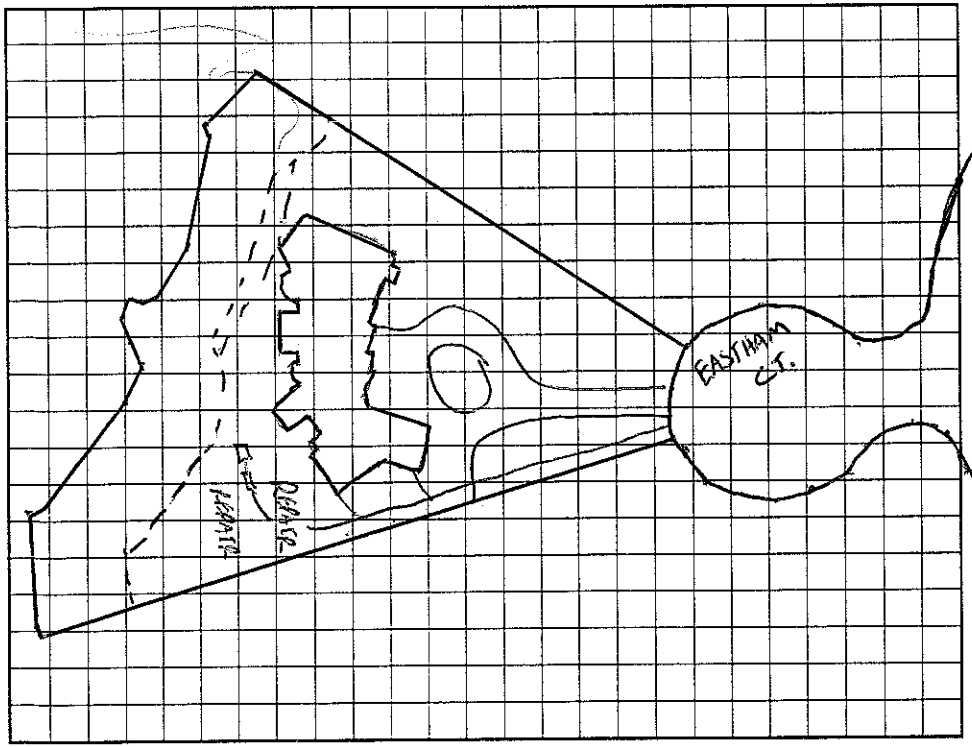
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

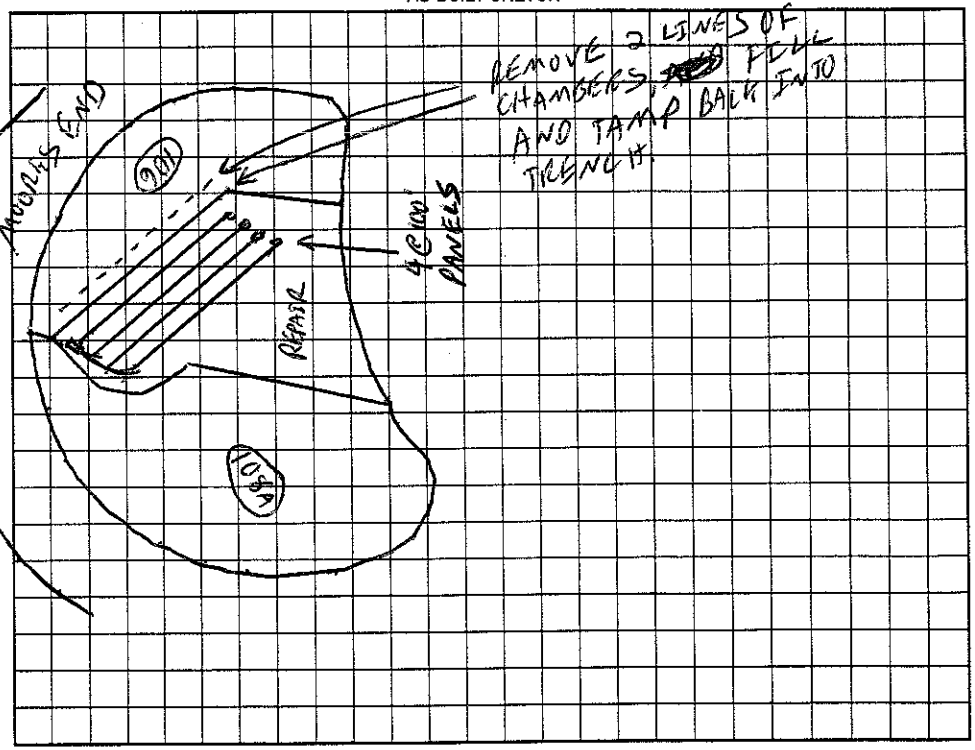
Comments:/Conditions: 1) REPLACE 1000 GALLON SEPTIC TANK WITH 1500 GALLON TANK. 2) TAKE OUT 600 FEET OF CHAMBERS AND REPLACE WITH 400 FEET OF PANELS 3) REPLACE PRESSURE MANIFOLD WITH CENTRAL VALVE BOX 4) CALL HEALTH DEPARTMENT BEFORE INSTALLATION

Checked new PT 4/18/2001
Checked lines 4/20/2001

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 3/23/01
Improvement Permit by: _____ R.S. date 3/21/01
Authorization to Construct by: _____ R.S. date 3/21/01

Installed by: R & H
Operation Permit by: Wesley Sparks R.S. date 7/11/01
Existing System Inspection by: _____ date _____

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