IREDELL COUNTY HEALTH DEPARTMENT (MARK MISSLER)

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

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

PERMIT# 073934 PIN# ~~4629416814~~ 4635-16-6149 DATE Jan. 4, 99

OWNER OR CONTRACTOR Crescent Resources Inc // John R. Pierce Builders PHONE: Business _____ Home _____

ADDRESS P.O. Box 1033, Charlotte

LOCATION Brawley Sch. Rd. TL Chatham Rd. TL Mayfair Rd ON Right ahead

SUBDIVISION The Pointe BLOCK / SECTION I-B LOT 33 LOT AREA 34,945 sf SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. no. 3

Septic Tank: 1000 Gallons; STB 338 Date 4/16/00

Pump Tank: 1000 Gallons; PT 27 Date 4/18/00

Pump Make: MYERS Model ME-503-21 Serial No. 2532-5D69

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

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

System Description: LPP Panel Block

Repair System Description: Same

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

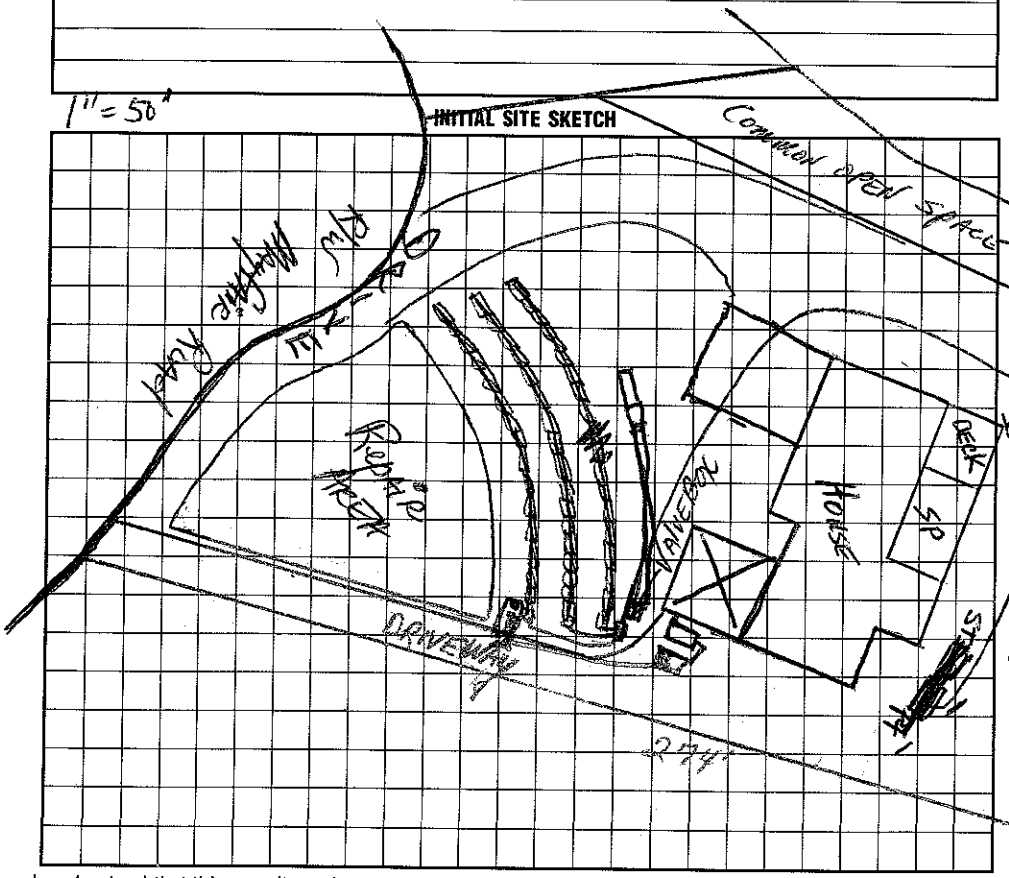
Comments:/Conditions:

Comments:/Conditions: Jan 4, 99 - House & site plan reviewed; appears in compliance w/ IPDRK

Tanks, Pump, Pressure, Drainlines 6/8/00

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: Marvin O. Amos date ____

Improvement Permit by: [signature] RS date 1-4-99

Authorization to Construct by: [signature] RS date 1-4-99

Installed by: Stanley Septic Service

Operation Permit by: Wesley Sparks RS date 7/13/00

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