945

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073938 PIN# 4635941468 (lot) 4635-16-7562 DATE Sept. 19, '98

OWNER OR CONTRACTOR Crescent Resources Inc. / David Dibble PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley Sch. Rd. TL Chatham Rd. TL Mayfair Rd. on left near end

SUBDIVISION The Pointe BLOCK / SECTION 1-B LOT 38 LOT AREA 33,696 ft² SITE CLASS. #5 DESIGN FLOW 480gpd L.T.A.R. ~.3

Septic Tank: 1500# Gallons; STB 338 Date 2/3c/01
Pump Tank: 1000 Gallons; PT 283 Date 2/20/01
Pump Make: Gould's Model WE0-5124HA Serial No. B0150524
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: L/P Panel Block
Repair System Description: STONE
Maintenance Agreement Required: ☑ Yes ☐ No

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

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

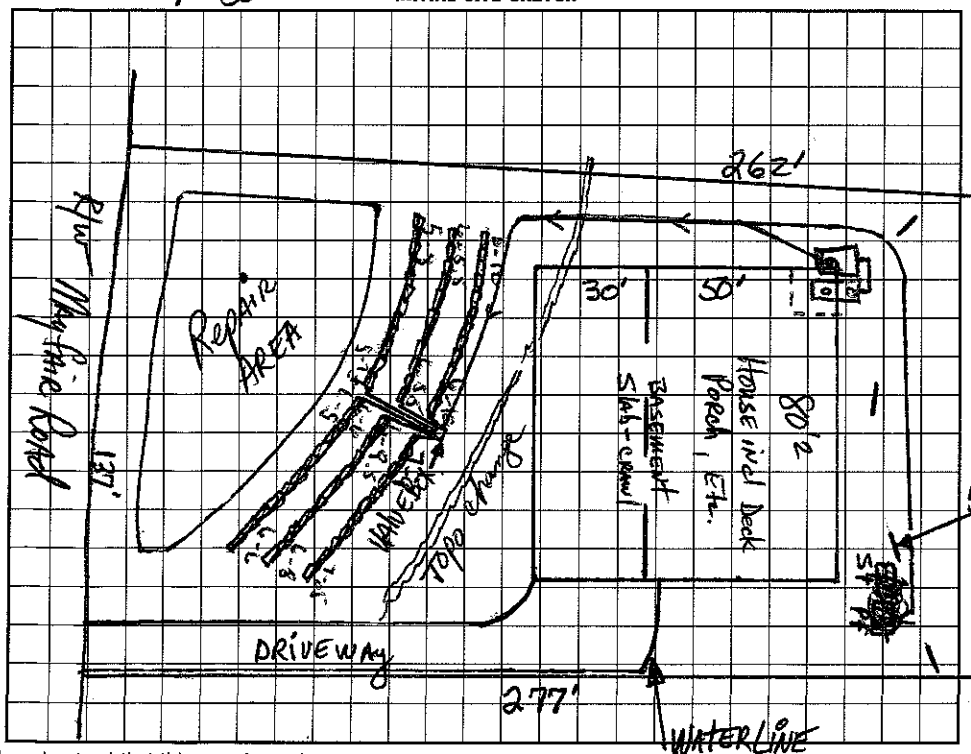
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Reviewed plans, site plan & house appears to be in compliance with permit. 9/6/00

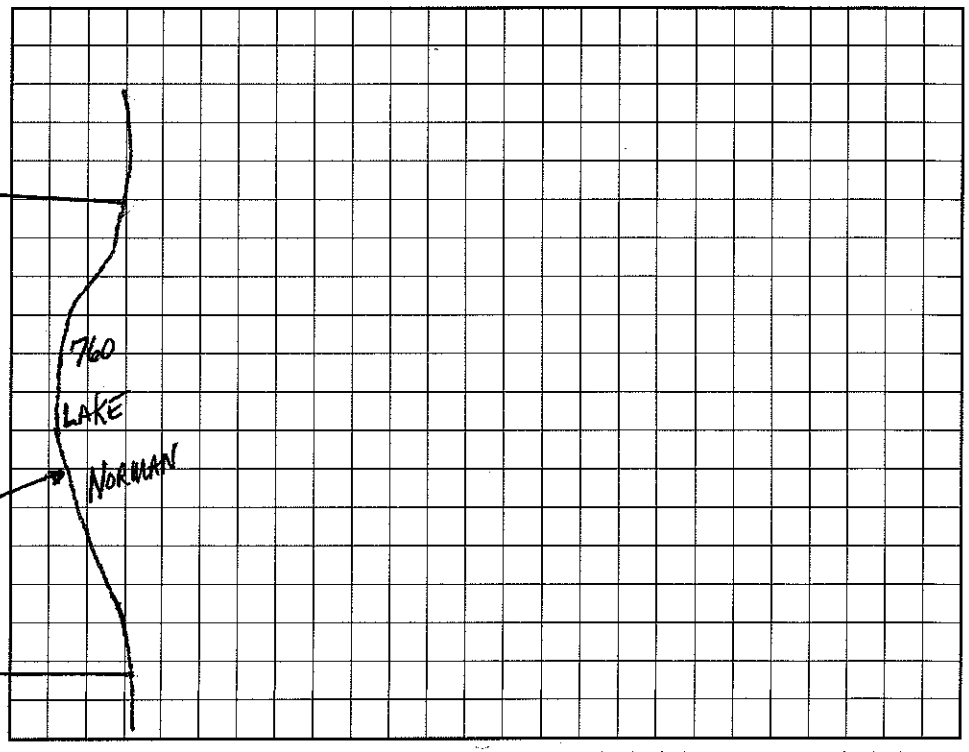
Comments:/Conditions: (PARTIAL)

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 10/10/96
Improvement Permit by: _____ RS date 9-19-98
Authorization to Construct by: _____ RS date 9/6/00

Installed by: Orbison Const. Co.
Operation Permit by: _____ RS date 5/24/01
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