# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073937 PIN# ~~4635-25-4468~~ 4635-16-8430 DATE Sept. 19, 1998

OWNER OR CONTRACTOR Crescent Resources Inc. / ~~Beazer~~ ARCADIA Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

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

SUBDIVISION The Pointe BLOCK / SECTION FB LOT 37 LOT AREA 36,820 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 gal Gallons; STB 338 Date _____

Pump Tank: 1000 Gallons; PT 2 Date 7-2-04

Pump Make: Gould's Model WE0312 Serial No. _____

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

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

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4/4 No. Bathrooms 4/4 No. Employees _____

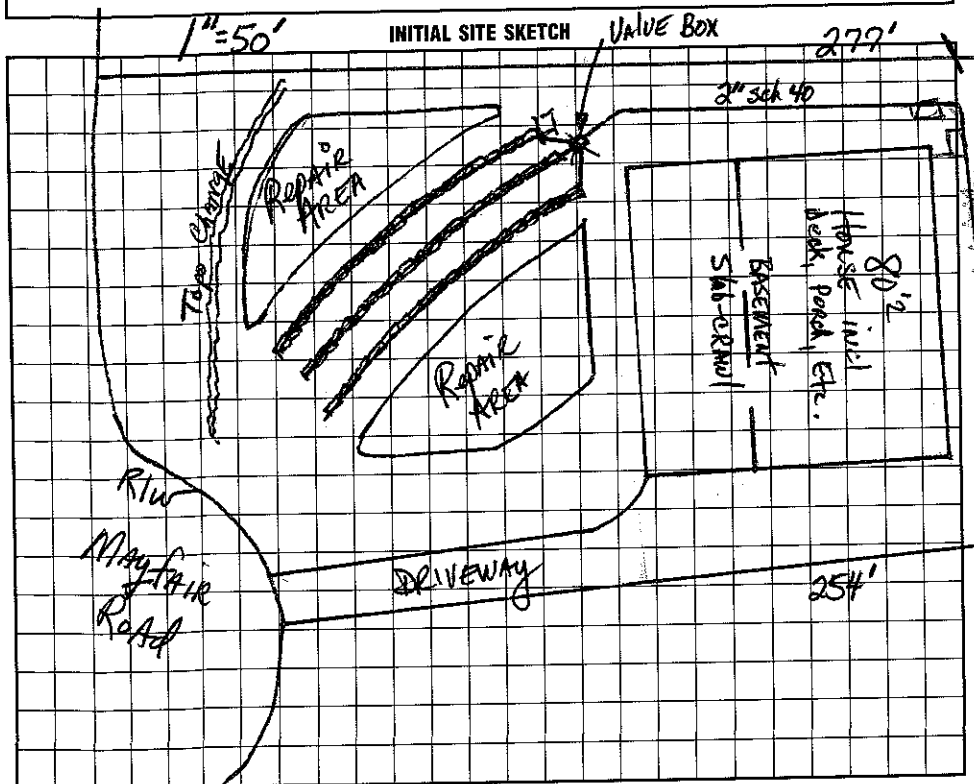
Water Supply: ☐ Individual ☑ Public ☑ Community

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

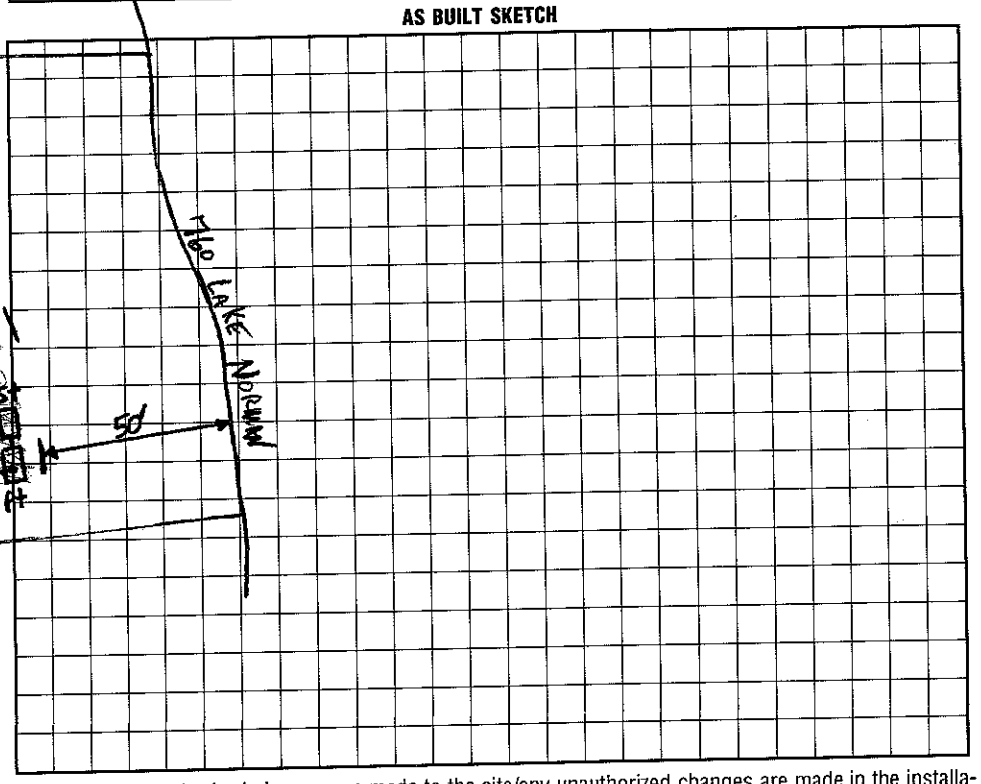
Comments:/Conditions:

Comments:/Conditions: (partial)
Tanks & lines checked by GM
Pres, eject & alarm 9/16/04

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 10/15/96

Improvement Permit by: Daniel Hanson RS date 9-19-98

Authorization to Construct by: _____ date 11/3/03

Installed by: R & H date _____

Operation Permit by: _____ date 9/16/04

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