IREDELL COUNTY HEALTH DEPARTMENT

paid 200.00 DT

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

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

PERMIT# 71911 PIN# ~~4625 941 684~~ 4635-23-3024

OWNER OR CONTRACTOR Crescent Resources - Dienst Homes PHONE: Business _____ Home _____ DATE 8/16/00

ADDRESS PO Box 1003 Charlotte NC

LOCATION Brawley Sch, L Pointe Dr Queen Anne Cir - Vineyard - Falmouth on RT

SUBDIVISION Pointe BLOCK / SECTION 1A LOT 93 LOT AREA 60,947 ft² SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 5-2-00

Pump Tank: 1500 Gallons; PT 338 Date 7-14-00

Pump Make: MYERS Model ME3F Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 336

No Lines 4@84' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP PPBS

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

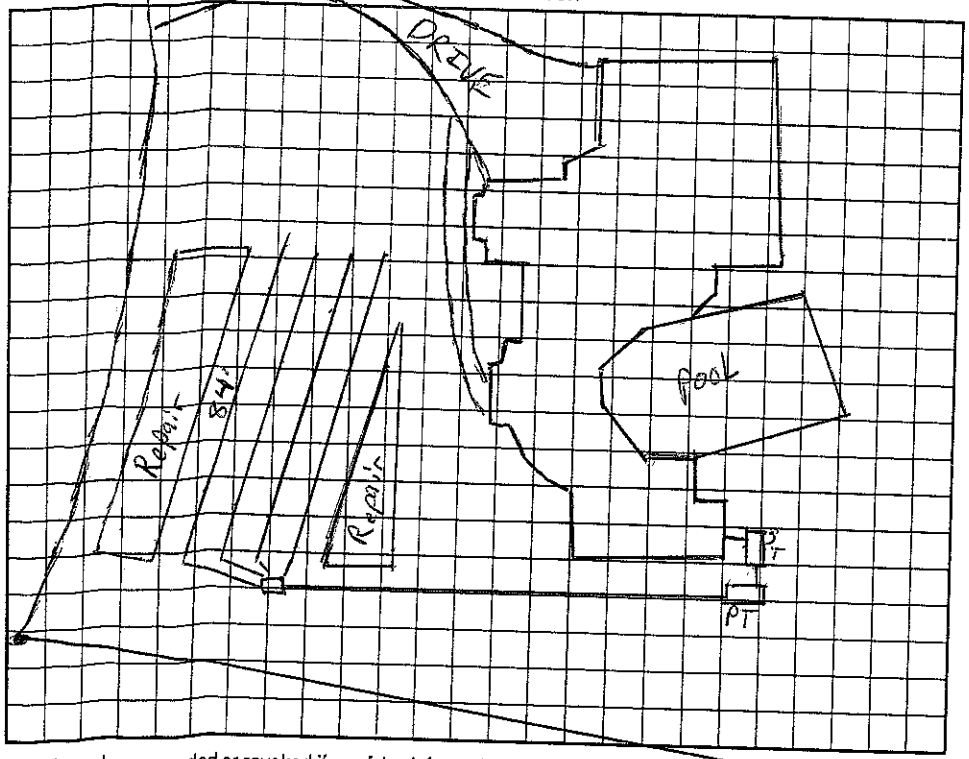
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions:

Comments/Conditions: Tanks & lines checked 10/5/2000 MD

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 5/23/2000

Improvement Permit by: _____ RSI date 8/16/00

Authorization to Construct by: _____ RSI date 8/16/00

Installed by: R&H Inc

Operation Permit by: _____ RS date 11/29/2000

Existing System Inspection by: _____ date _____

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