10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7/914 PIN# 4625711684 4635233202 DATE 2/16/00

OWNER OR CONTRACTOR CRESCENT RESOURCES/Augusta Homes PHONE: Business _____ Home _____

ADDRESS PO BOX 1003 CHARLOTTE

LOCATION BLAWLEY SCHOOL - TL POINTE DR. - QUEEN ANNE CIRCLE - VINYARD - FALMOUTH - AT END

SUBDIVISION POINTE BLOCK / SECTION 1A LOT 94 6 25 00 LOT AREA 40 596 SITE CLASS. DS DESIGN FLOW 480GPD L.T.A.R. .3000/FR

Septic Tank: 1500+ Gallons; STB 338 Date 12/4/99

Pump Tank: 1000+ Gallons; PT 27 Date 7/31/2000

Pump Make: Meyers Model ME 50 Serial No. 8112000

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' 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: PUMP 25% REDUCTION

Repair System Description: LD PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

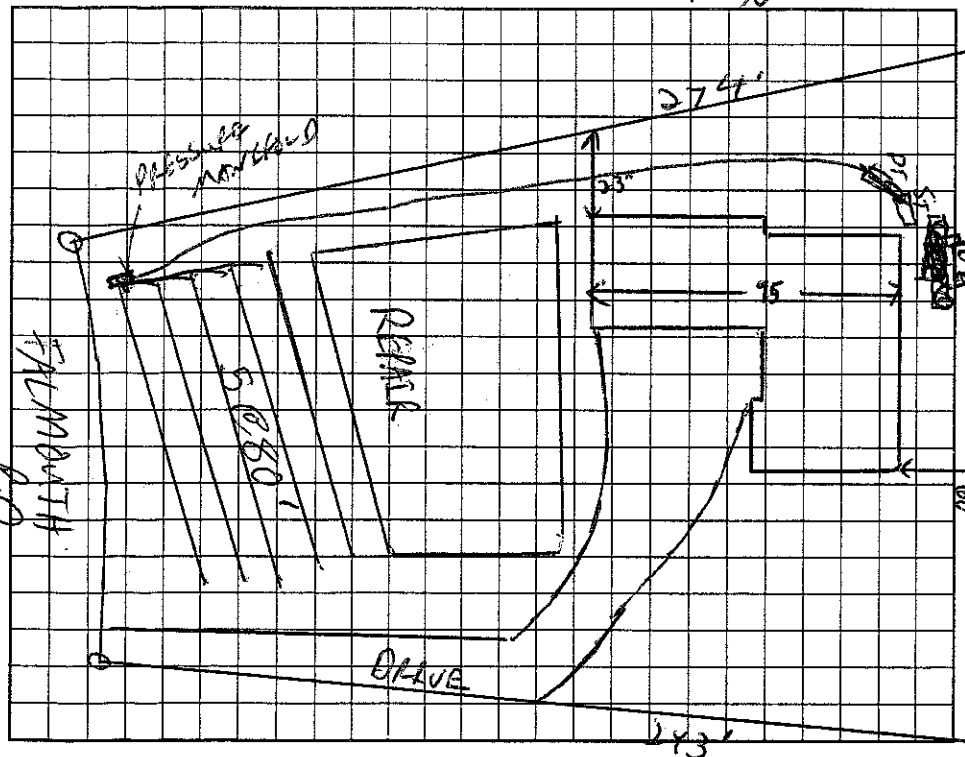
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

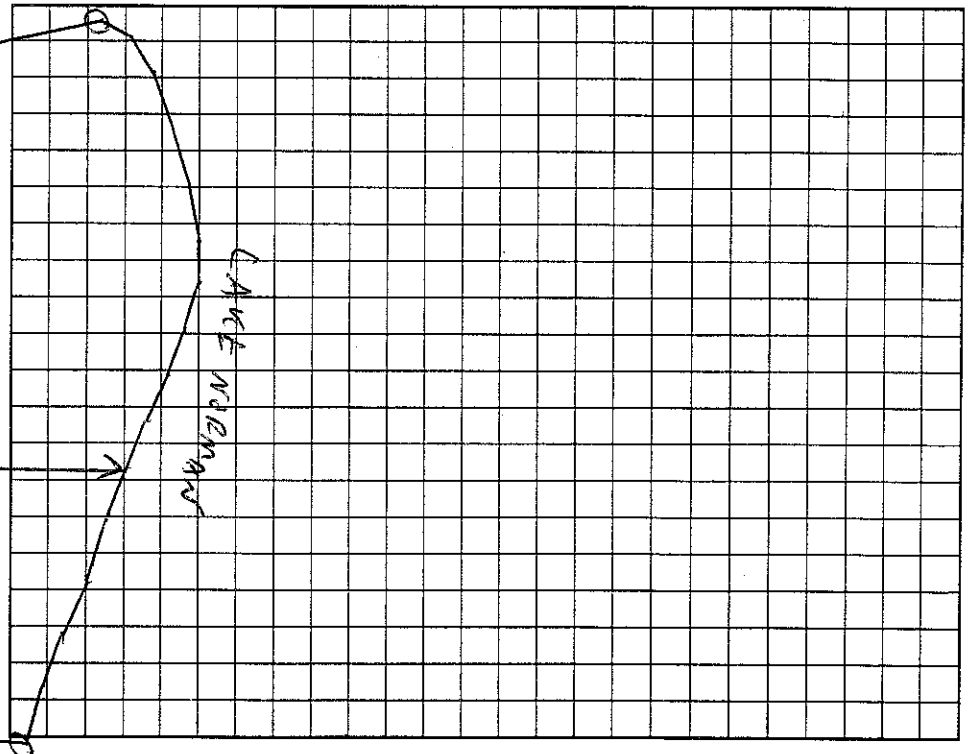
Comments:/Conditions:

Comments:/Conditions: Lines checked 8/15 GM
EZ Flow lines installed
Press. Elect. & alarm checked 6/5/01

INITIAL SITE SKETCH 1"=50'



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 02/16/00 Installed by: R & H

Improvement Permit by: C. [illegible] RS date 2/16/00 Operation Permit by: Maria Dotson R.S. date 6/5/2001

Authorization to Construct by: C. [illegible] RS date 2/16/00 Existing System Inspection by: _____ date _____

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