IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 18866 PIN# 4639039799 DATE 11/19/99

OWNER OR CONTRACTOR CRESCENT RESOURCES (ZARING HOMES) PHONE: Business _____ Home _____

ADDRESS PO BOX 1803 CHARLOTTE NC

LOCATION FERN HILL RD TOWARD LAKE - TR BULLFINCH - ON RT B-4 CUL-DE-SAC

SUBDIVISION BEACON POINTE BLOCK / SECTION 1 LOT 7(8) LOT AREA 1.138AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 GPD/FT2

Septic Tank: 1000 Gallons; STB 312 Date 2/27/00
Pump Tank: 1000 Gallons; PT 283 Date 3/25/00
Pump Make: HYDROMATIC Model SHEF50A1 Serial No. 2/10/00
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

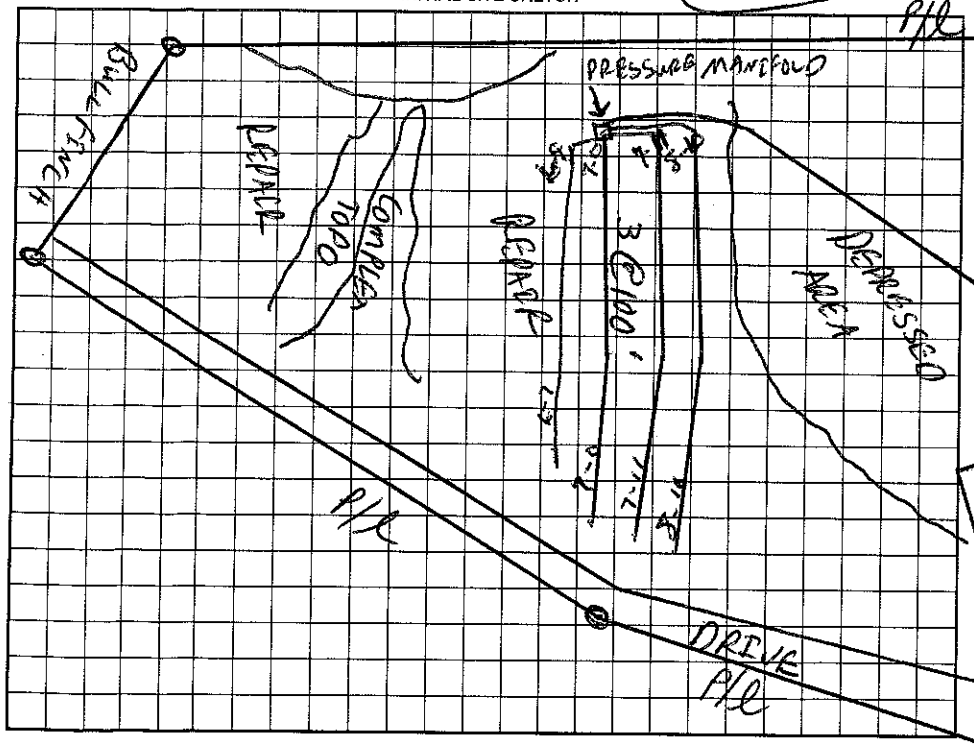
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

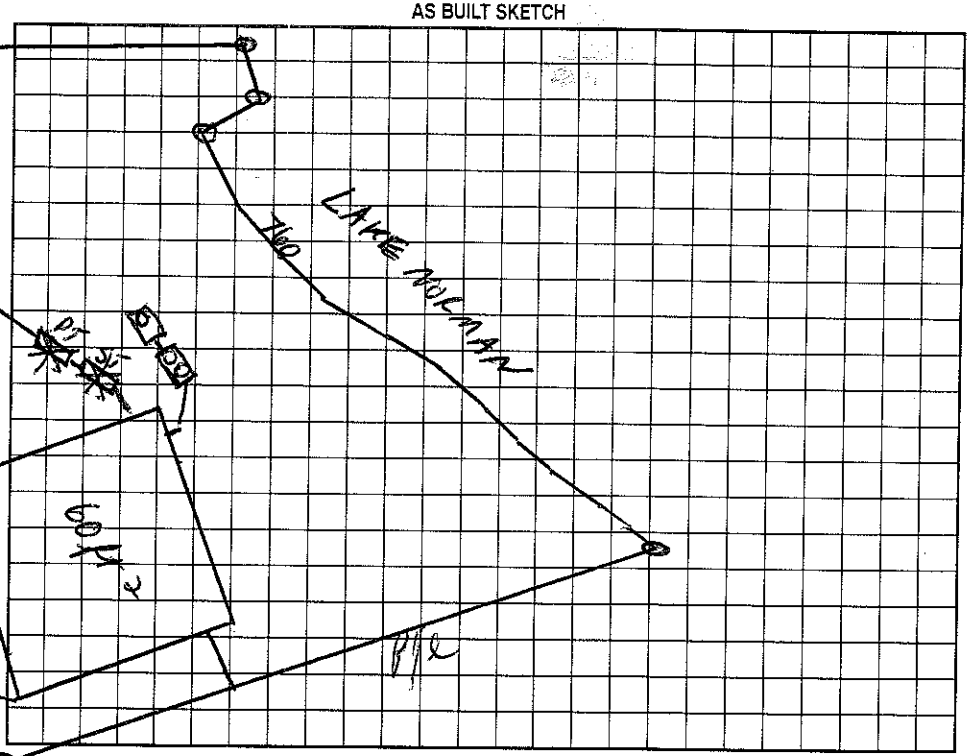
Comments:/Conditions: 240 Bullfinch Rd.
4/28/00 - Infiltrell 4@75'x3' CH. Plastic w/Pressure Manifold

Comments:/Conditions:

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: Jessica S. Wolfe date 11/22/99 Installed by: MacLeod Const.

Improvement Permit by: C. Bradley Lewis RS date 11/19/99 Operation Permit by: C. Bradley Lewis RS date 5/19/00

Authorization to Construct by: C. Bradley Lewis RS date 11/19/99 Existing System Inspection by: _____ date _____

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