3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0788446 PIN# 4639158002 DATE 2/22/2000

OWNER OR CONTRACTOR Crescent Resources / Stephanie Kennedy PHONE Business 599-0244 Home Mobile 534-2335

ADDRESS P.O. Box 1003 Charlotte NC 28201 Greg 400-2995 (Builder)

LOCATION Perth Rd TL Fern Hill TR Marietta ON left

SUBDIVISION Beacon Pt BLOCK / SECTION II LOT 14 LOT AREA 1.007 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/19/00

Pump Tank: 1000 Gallons; PT 283 Date 2/2/00

Pump Make: _____ Model SK50A Serial No. 8/00

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pumped (Pm) -25% Reduction

Repair System Description: Same.

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

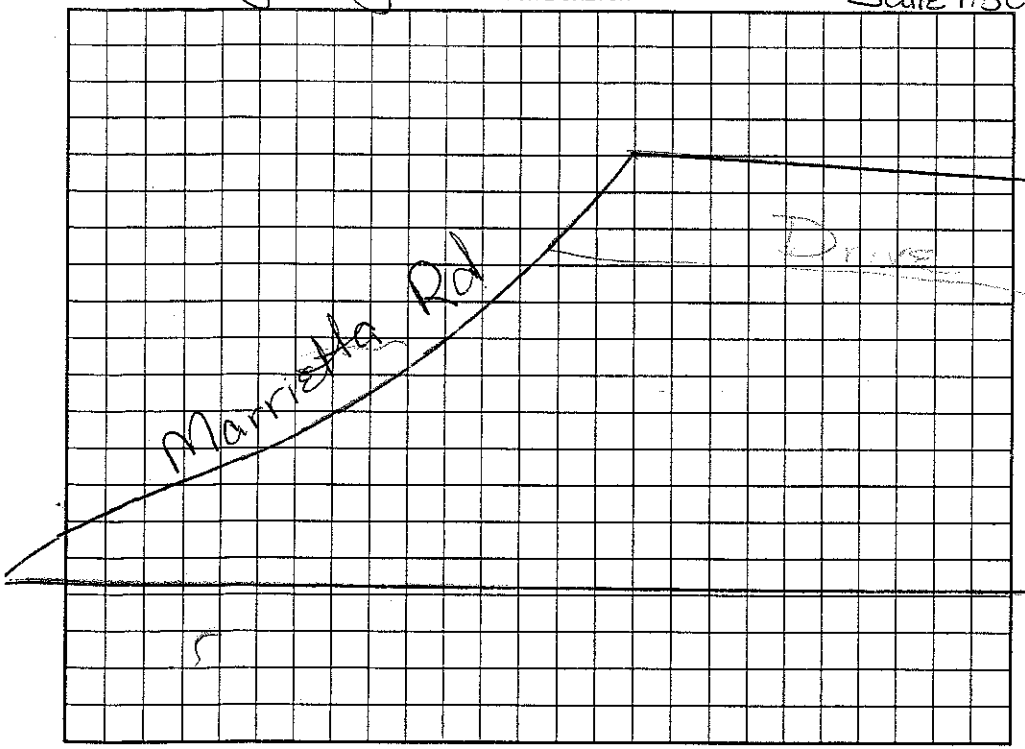
Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions: Keep Septic System 10' from PL & 5' from House

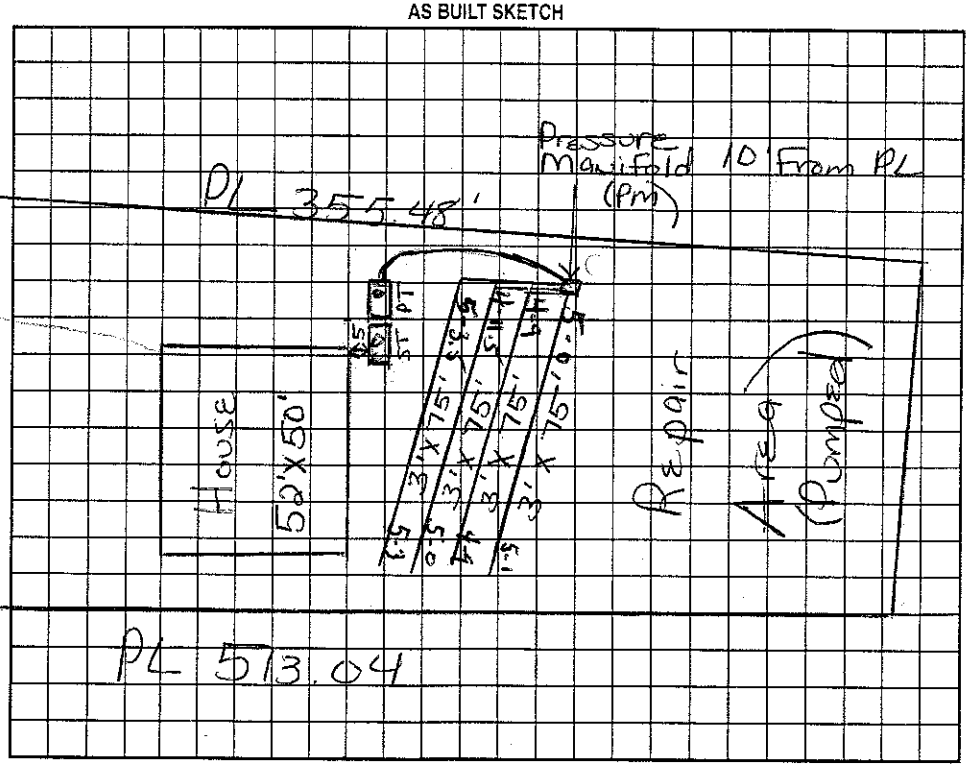
Note: If plumbing stubbed out high, may be able to gravity feed.

Comments:/Conditions: Replaces permit issued 5/19/99

INITIAL SITE SKETCH Scale 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: Stephanie Ann Kennedy date 3/24/2000 Installed by: MacLeod Const. Co.

Improvement Permit by: Maria H. Dotson R.S. date 2/22/2000 Operation Permit by: Wesley Sparks R.S. date 10/20

Authorization to Construct by: Maria H. Dotson R.S. date 2/22/2000 Existing System Inspection by: _____ date _____

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