IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 MOORESVILLE 704-664-5281

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

PERMIT# 078873 PIN# 4639242999 DATE 4/28/2000

OWNER OR CONTRACTOR Crescent Resources S/Robert Chamberlaine PHONE: Business 664-1010 Home Robert 483-9642

ADDRESS P.O Box 1003 Charlotte, NC 28201

LOCATION Perth Rd lt Fern Hill TR Marrietta on lft

SUBDIVISION Beacon Pt BLOCK / SECTION II LOT 23 LOT AREA .98 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7/29/00

Pump Tank: 1000 Gallons; PT 283 Date 4/8/00

Pump Make: GOULDS Model 1PWE05111H Serial No. H001T253

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

No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pump (Pm) - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

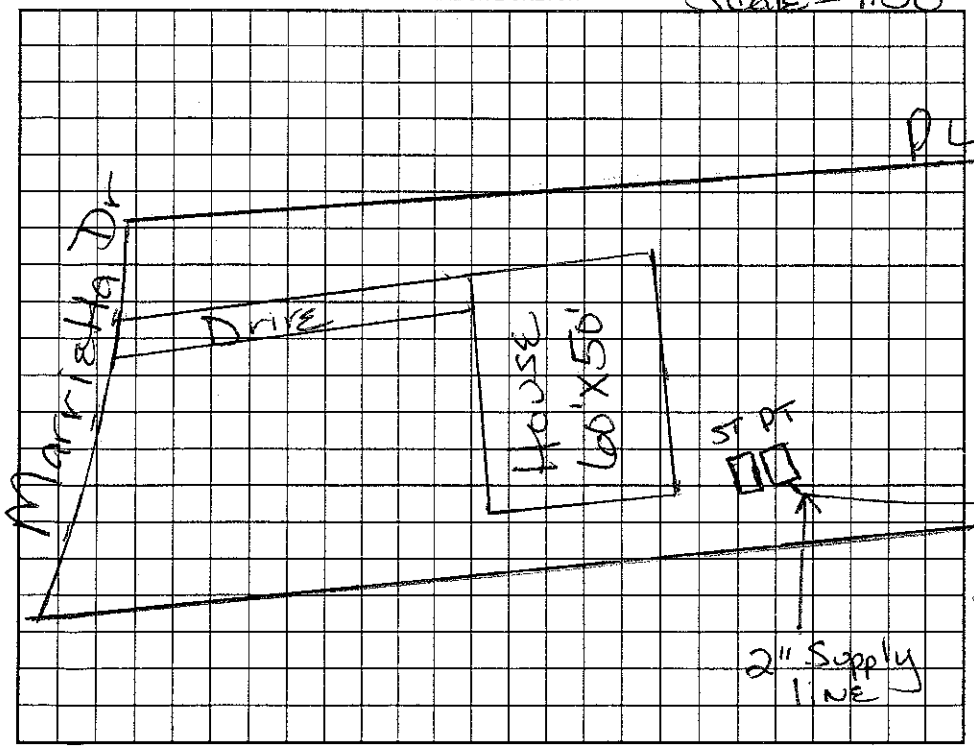
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

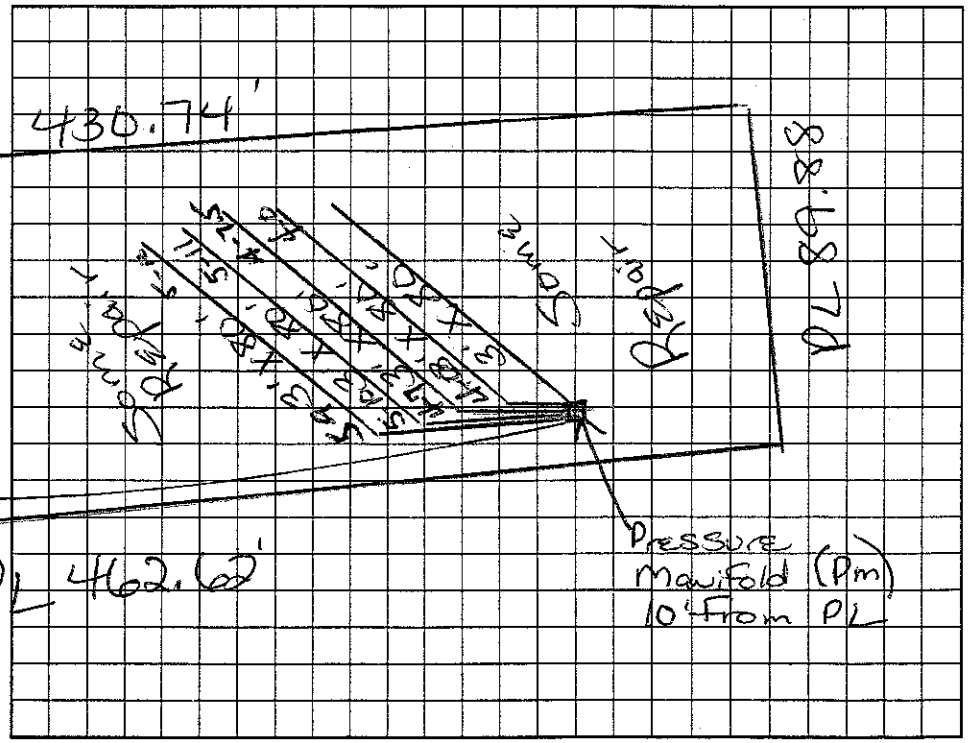
Comments:/Conditions: Keep Septic System 10' From PL & 5' From House

Comments:/Conditions:

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: [signature] date 4-28-00 Installed by: Dobson Construction

Improvement Permit by: Maria H. Dobson RS date 4/28/2000 Operation Permit by: Maria H. Dobson RS date 3/26/2001

Authorization to Construct by: Maria H. Dobson RS date 4/28/2000 Existing System Inspection by: _____ date _____

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