9:30

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERM. . , UTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 081653 PIN# 4639243407 DATE 6/12/2000

OWNER OR CONTRACTOR Crescent Resources / John White PHONE: Business _____ Home 664-6096

ADDRESS P.O. Box 3215 Mooresville NC 28117

LOCATION Peth Rd TL Fern Hill TR Bullfinch ON RT.

SUBDIVISION Beacon Pt BLOCK / SECTION II LOT 7 LOT AREA .953 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .4 (C-SAF)

Septic Tank: 1000 Gallons; STB 1007 Date 6-18-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 900'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity-Conventional
Repair System Description Gravity-Innovative
Maintenance Agreement Required: [ ] Yes [X] No

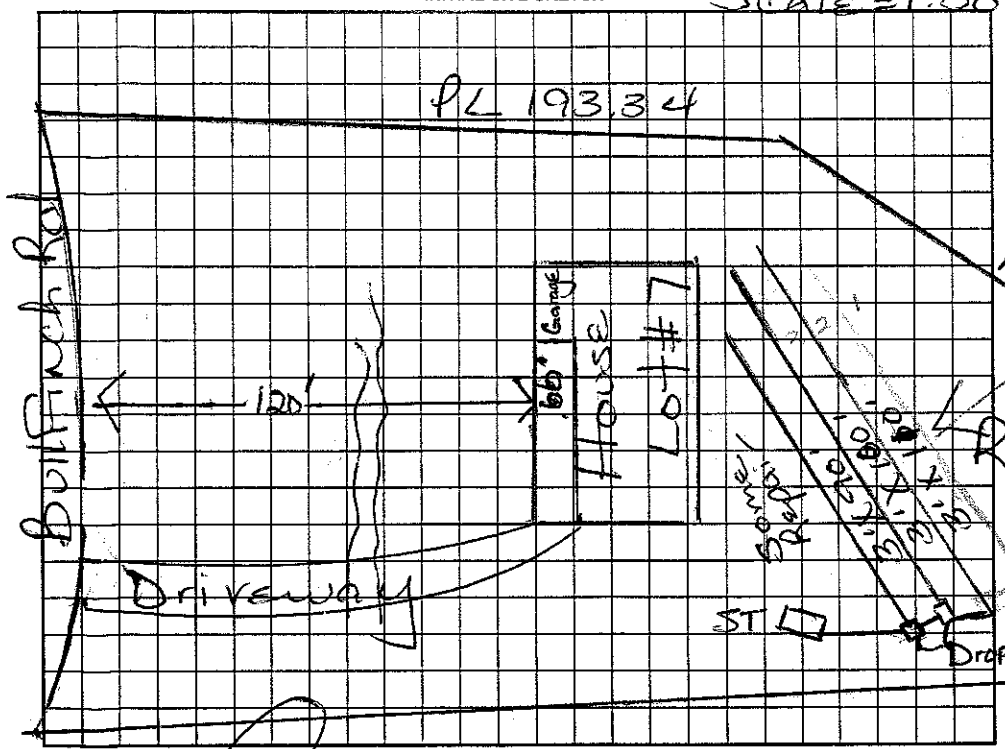
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

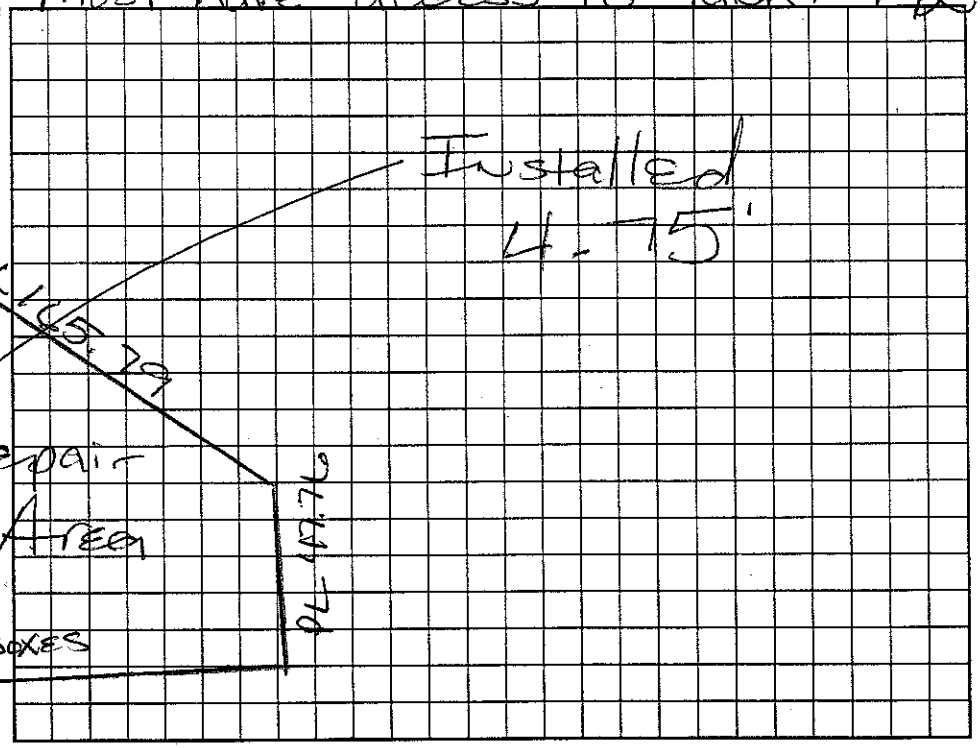
Comments:/Conditions: Keep Septic System 10' From PL & 5' From House. Use 1-Distribution Box or 2-Drop Boxes.

Comments:/Conditions: Note: OK to do in 4-75' lines. Cheaked lines 1, 2 & 3 need uppermost line Cheaked Cheaked uppermost line 8/23/00. Deck posts must Not be over Septic tank. Must have access to tank. MO

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: _____ date 6/13/00 Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson R.S. date 6/12/2000 Operation Permit by: Maria H. Dotson R.S. date 8/23/00

Authorization to Construct by: Maria H. Dotson date 6/12/2000 Existing System Inspection by: _____ date _____

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