

REDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT

STATESVILLE 704-878-5305

MOORESVILLE 704-664-5281

PERMIT# 78377 PIN# 4625941684 (PA) 4626-90-4682

OWNER OR CONTRACTOR CRESSENT RESOURCES PHONE: Business 660-1185 Home _____ DATE 9/13/99

ADDRESS 5214 BRAWLEY SCHOOL RD - MOORESVILLE

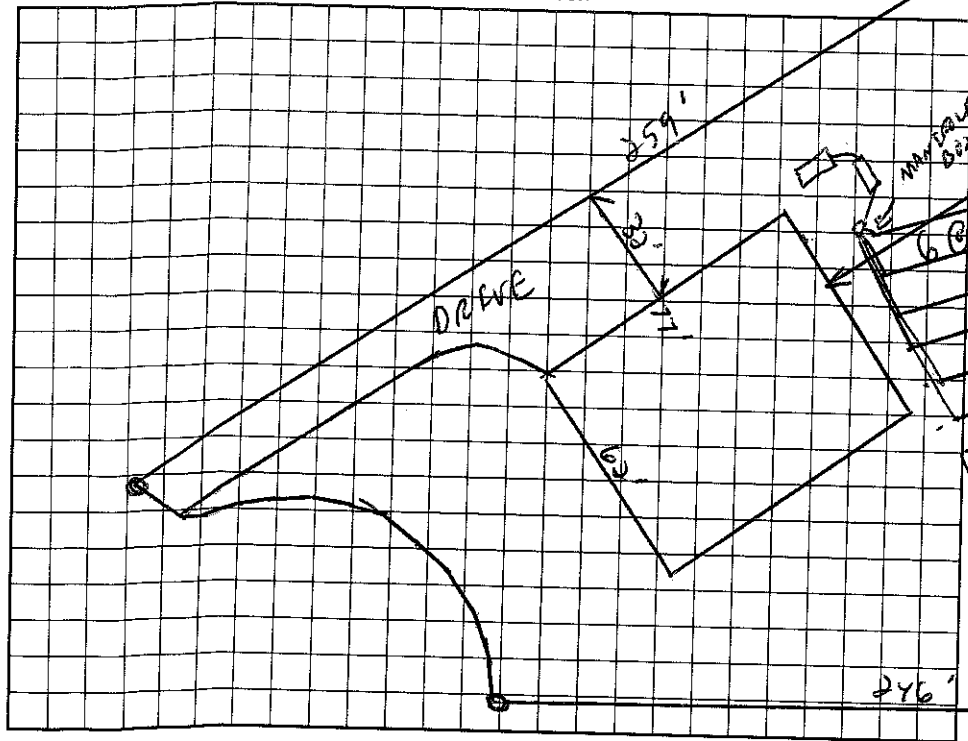
LOCATION BRAWLEY SCHOOL RD - TL GREAT POINT DR. - TL WHALING LN - AT END OF LT

SUBDIVISION POINT BLOCK / SECTION III LOT 291 LOT AREA 35.235A SITE CLASS. PS DESIGN FLOW 880 L.T.A.R. 3

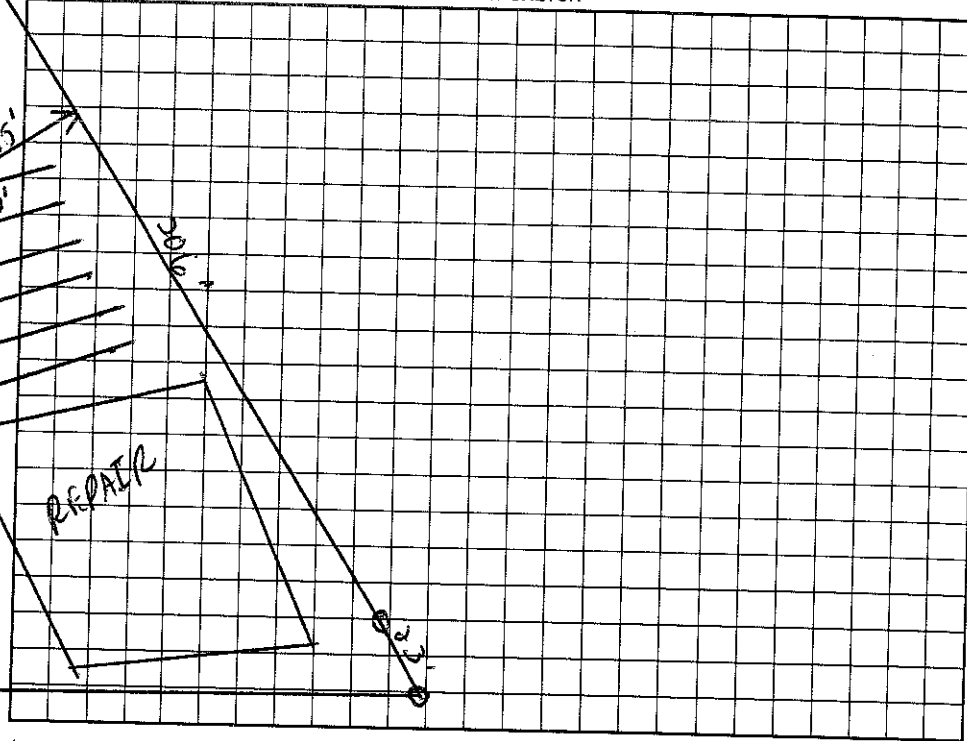
Septic Tank: <u>1000</u> Gallons; STB <u>294</u> Date <u>4/2/00</u>	☒ New System ☐ Repair System Type: I, II, III, <u>(IV)</u> V, VI	☒ House/Mod. Home No. Bedrooms <u>4</u>	Water Supply: ☐ Individual ☐ Public ☐ Community
Pump Tank: <u>1000</u> Gallons; PT <u>283</u> Date <u>4/2/00</u>	System Description: <u>PUMP PANEL</u>	☐ Mobile Home No. Bathrooms <u>4</u>	
Pump Make: <u>M&SF</u> Model <u>MYERS</u> Serial No. _____	Repair System Description: <u>SAME</u>	☐ Business No. Employees _____	
Nitrification Field: No Fields <u>1</u> Square Feet <u>600</u> Linear Feet <u>300</u>	Maintenance Agreement Required: ☒ Yes ☐ No	☐ Other _____	
No Lines <u>6650'</u> Trench Width <u>36"</u> Max Trench Bottom Depth <u>36"</u> Gravel Depth <u>N/A</u>	☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

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: Carolyn Spellberg date 9-13-99 Installed by: R&H CONSTRUCTION
 Improvement Permit by: C. Spellberg date 9/13/99 Operation Permit by: Matthew Johnson date 8/7/2000
 Authorization to Construct by: C. Spellberg date 9/13/99 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE

OWNER COPY (FINAL): YELLOW

OWNER COPY (INITIAL): PINK