IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109487 PIN# 4624-27-5705 / 1105 / 4624474755 DATE Jan 13,03

OWNER OR CONTRACTOR Crescent Resources LLC / The Point Norman PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TL Torrence Chapel Rd. on Right

SUBDIVISION The Point BLOCK / SECTION II LOT 1105 LOT AREA 54,497 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 338 Date 4-6-05

Pump Tank: 1000 Gallons: PT 27 Date 4-24-05

Pump Make: Goulds Model WE0312mb Serial No. ED554461

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: QM - 25% Reduction

Repair System Description: LP-pm 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

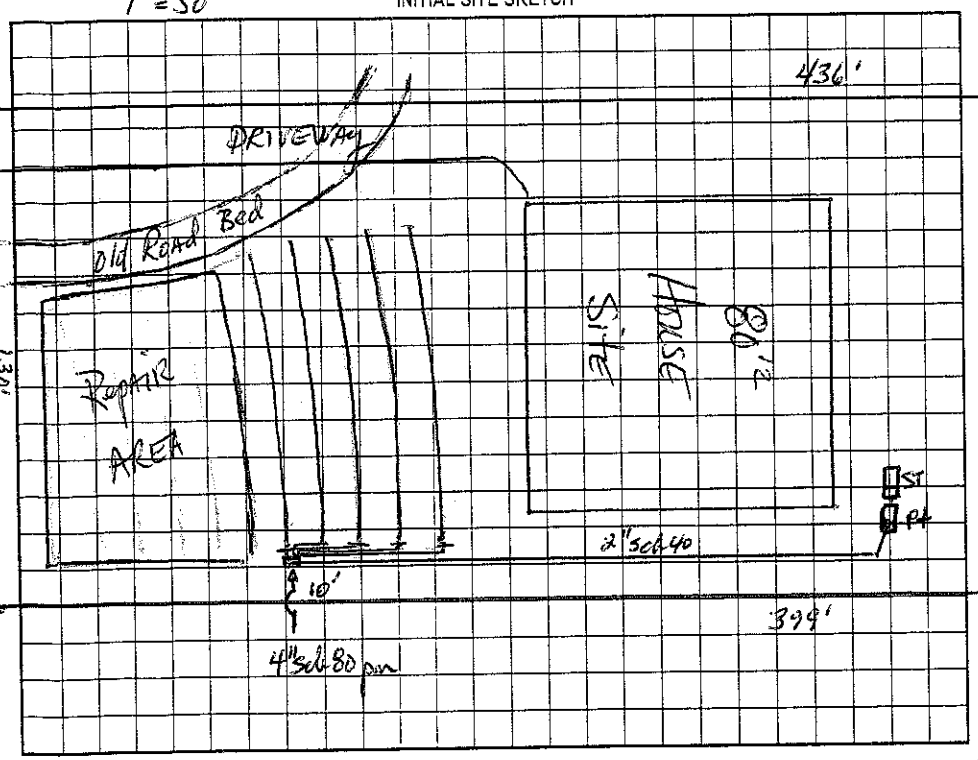
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: Rear yard not evaluated
★ Must keep house > 140 ft from Road

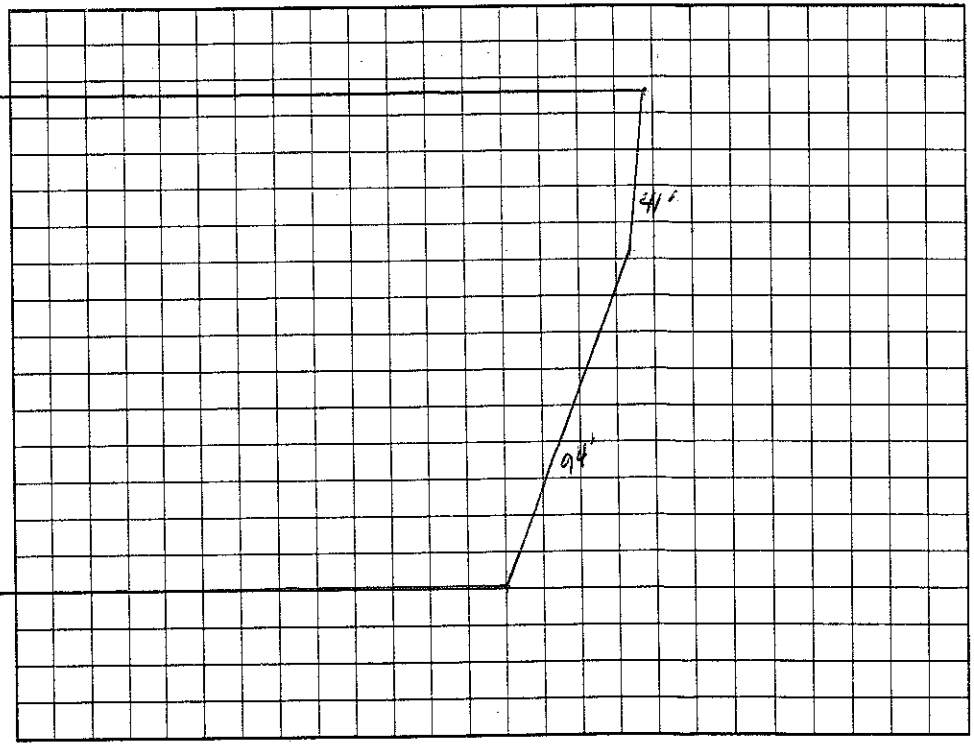
Comments:/Conditions: Installed EZ Flow as drawn.

1"=50'

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.

_____ date 2/4/05 Installed by: Bobbie Mayhew RS

Permit by: Harry R. Hunter RS date Jan 13,03 Operation Permit by: Maria H. Dolson RS date 6/29/05

Construct by: Maria H. Dolson date 2/4/05 Existing System Inspection by: _____ date _____

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