IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10624 PIN# ~~4624-27-5705~~ 4624-48-5192 DATE ~~Feb~~ 7, 03

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

ADDRESS 2214 Brawley Sch Rd. Mooresville NC 28117

LOCATION Brawley Sch Rd TL Torrence Chapel Road on left

SUBDIVISION The Point BLOCK/ SECTION 11 LOT 1184 LOT AREA 32,312 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 5/14/03
Pump Tank: 1080 Gallons; PT 27 Date 11/24/03
Pump Make: Goulds Model WE6-512HHL No FOS639 20
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 @ 30' Trench Width 24" min 8' oc Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI
System Description: LPP BPS
Repair System Description: LPP BPS
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

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

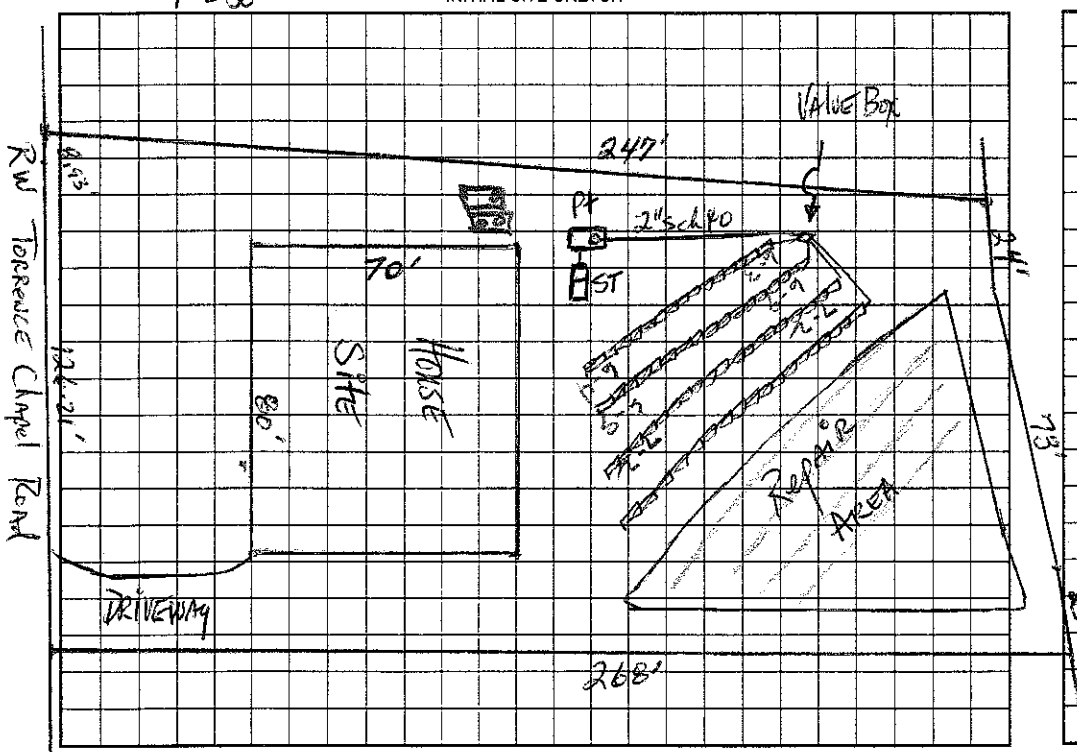
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions: ⓞ 36" max 40c

Comments:/Conditions:

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.

Signed: _____ date 7/3/03 Installed by: Hallman Construction

Improvement Permit by: _____ RS date Feb 7, 03 Operation Permit by: _____ RS date 7/12/05

Authorization to Construct by: _____ RS date 12/14/04 Existing System Inspection by: _____ date _____

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