IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102587 PIN# 4624-27-5705 .1155 4624-48-9616 DATE Jan 29, 03

OWNER OR CONTRACTOR Crescent Resources dba/ The Point on Norman / DIBBLE CONST. Business _____ Home _____

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

LOCATION Brawley Sch Rd. TL Torrence Chapel TL Shelburne TR Cape Cod on left at jct w/ Hyannis

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1155 LOT AREA 42,645 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1800 Gallons; STB 334 Date 4/26/05
Pump Tank: 1000 Gallons; PT 27 Date 4/27/05
Pump Make: Goulds Model WE512HHU Serial No. E0554438
Nitrification Field: No Fields ___ Square Feet 540/810 Linear Feet 270
No Lines 5 Trench Width 24" min 8'oc Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

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

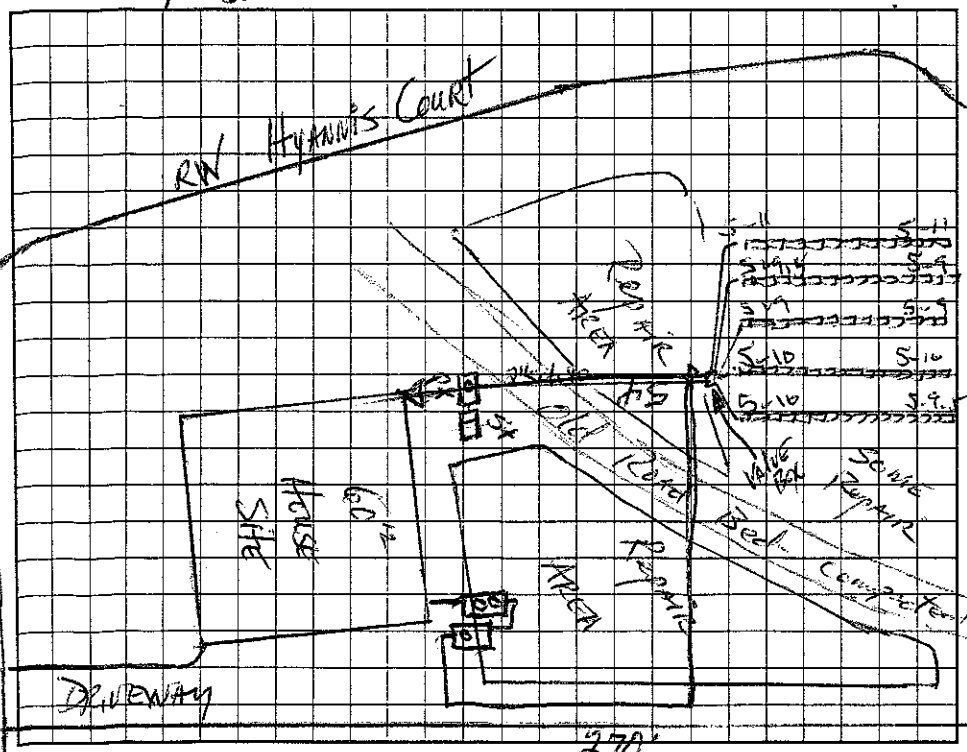
Water Supply: ☐ Individual ☑ Public ☑ Community

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

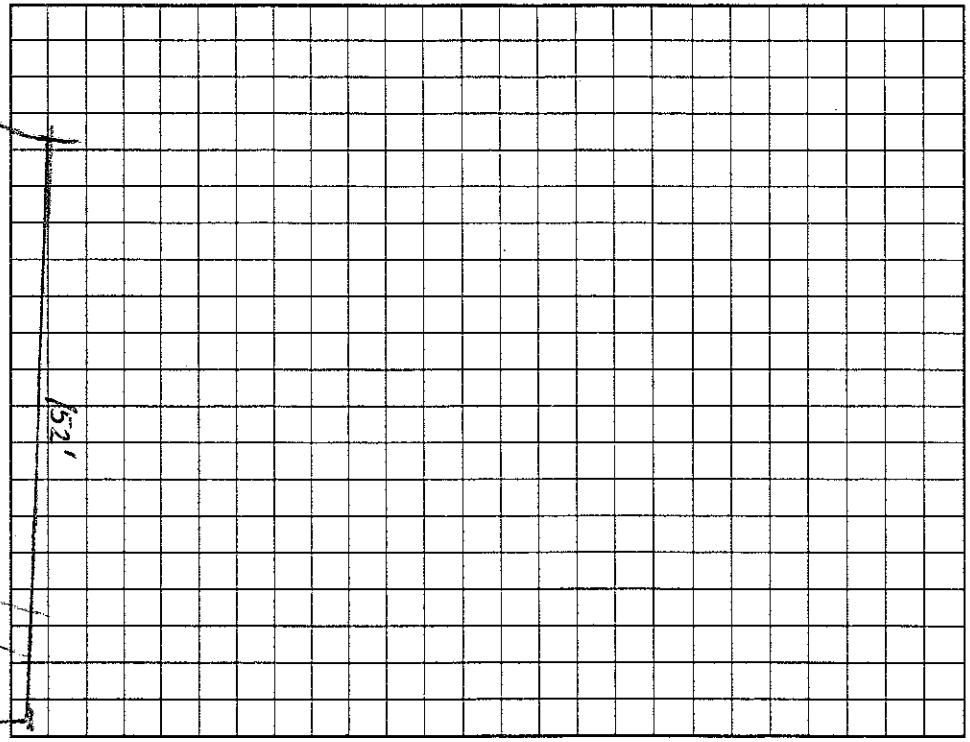
Comments/Conditions: OR 36" max 4'oc

Comments/Conditions: Lines, Tanks, Pressure

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 2/14/03 Installed by: Orbison + Sons

Improvement Permit by: Mark Kinney, PE date Jan 29, 03 Operation Permit by: _____ date 8/12/05

Authorization to Construct by: Wesley Sparks R.S. date 1/19/05 Existing System Inspection by: _____ date _____

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