IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109571 PIN# ~~4624-27-5705.443~~ 4624-57-4593 DATE Feb 7, 03

OWNER OR CONTRACTOR Crescent Resources Inc/The Point on Noerman Kingwood LLC PHONE: Business _____ Home _____

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

LOCATION I Brawley Sch Rd TL Torrence Chapel TL Shelburne 1st lot on Right

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1113 LOT AREA 31,030 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .025-.03

Septic Tank: 1000 Gallons; STB 338 Date 2/11/05

Pump Tank: 1000 Gallons; PT 27 Date 2/16/05

Pump Make: Gould's Model WE0 7124 Serial No. D054276

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 4 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

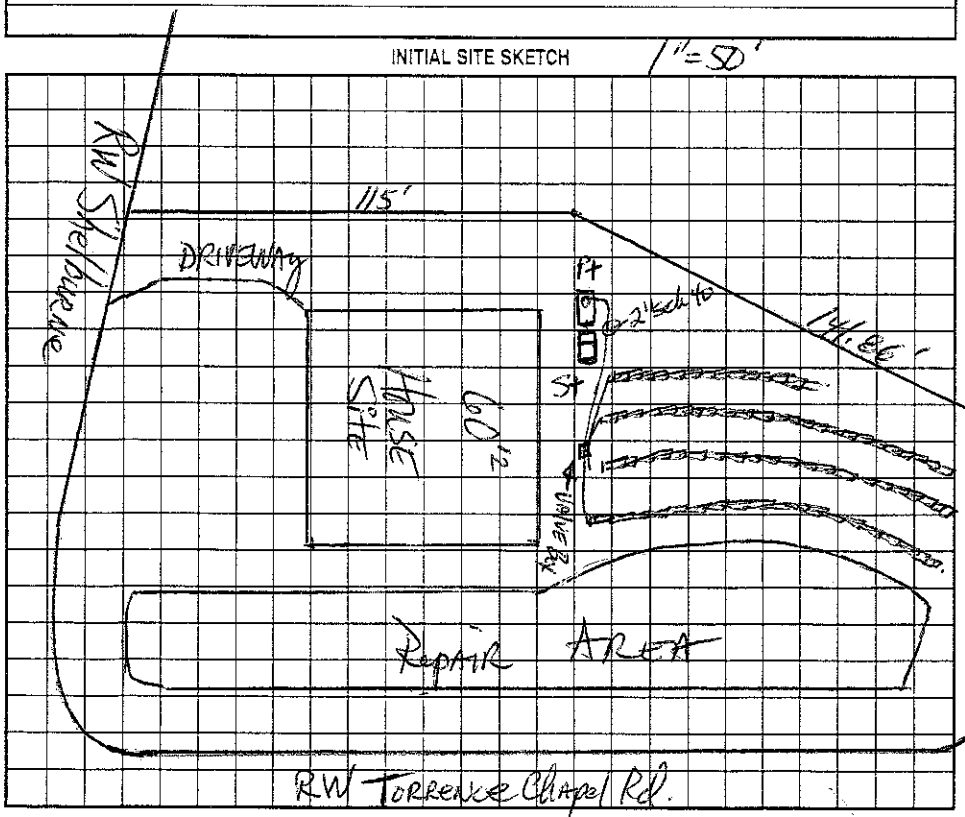
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

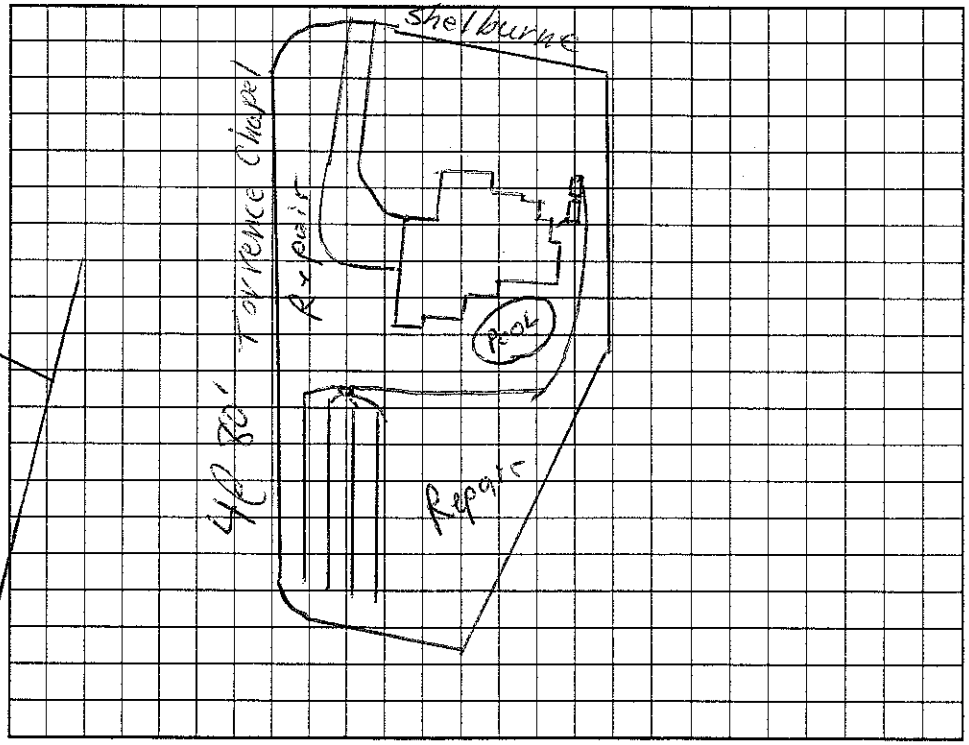
Comments:/Conditions: ≥ 36" MAX 9'oc

Comments:/Conditions:

INITIAL SITE SKETCH 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 9/29/04 Installed by: Hallman Const.

Improvement Permit by: _____ date 2-7-03 Operation Permit by: Wesley Sparks RS date 5/27/05

Authorization to Construct by: Wesley Sparks RS date 9/29/04 Existing System Inspection by: _____ date _____

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