IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109519 PIN# ~~4624-27-5705~~ #1117 Signature 4624-57-9838 DATE Jan 27, 03

OWNER OR CONTRACTOR Crescent Resources Inc / The Pointon Avenue / LK Norman PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd Mooresville N.C. 28117

LOCATION Brawley Sch RD. TL Torrence Chapel TL Shelburne on Right

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1117 LOT AREA 33,763 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: ~~1000~~/1250 Gallons; STB 444 Date 2/23/06

Pump Tank: 1000 Gallons; PT 27 Date 11/30/05

Pump Make: Gould's Model WE05 12HH Serial No. 6067725

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

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

☑ New System ☐ Repair System Type: I, II, III, ⓘ 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 _____

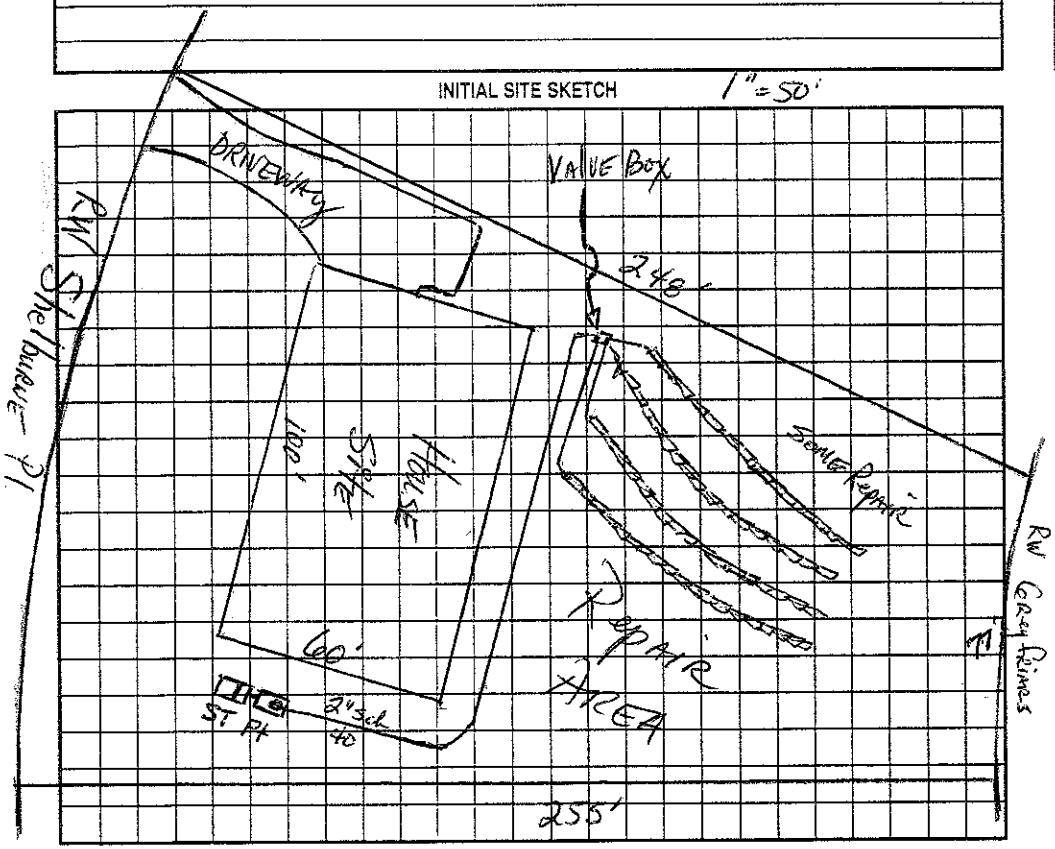
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

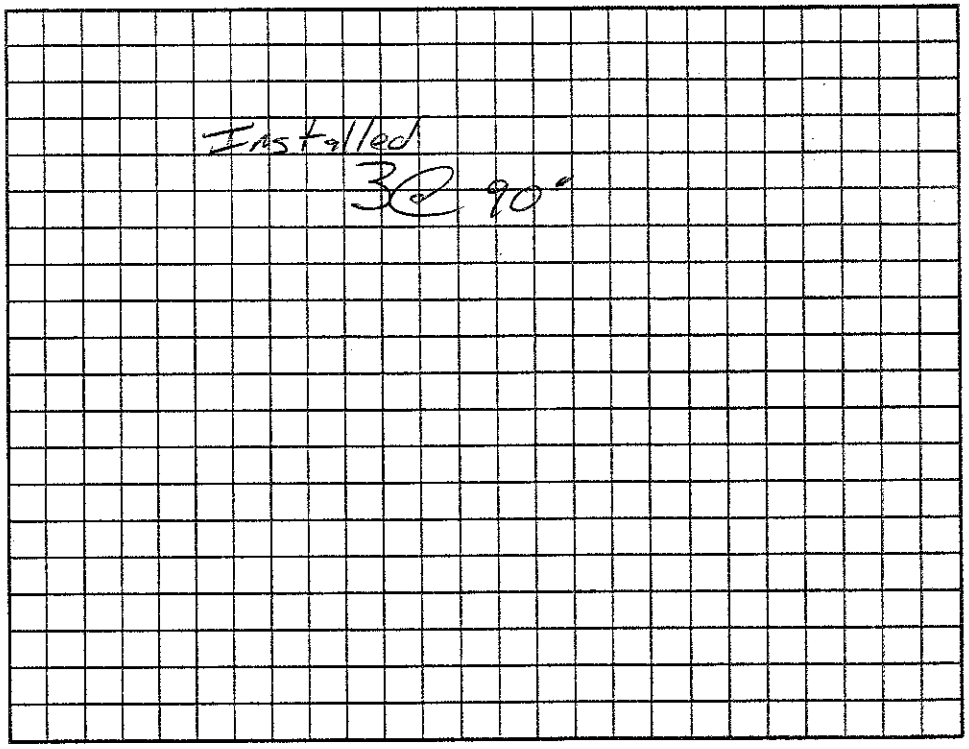
Comments:/Conditions: OR 36" MAX 9'oc

Comments:/Conditions: 63 Panels

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 2/8/03

Improvement Permit by: _____ date Jan 27, 03

Authorization to Construct by: _____ date 7/1/05

Installed by: Hallman Const

Operation Permit by: _____ date 6/14/06

Existing System Inspection by: _____ date _____

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