IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109589 PIN# ~~4624-27-5705~~ 4624580346 DATE Jan 30, 03

OWNER OR CONTRACTOR Crescent Resources dba/ The Point Nbrhood / David Dibble Phone: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville NC 28117

LOCATION Brawley Sch Rd TL Torrence Chapel TL Shelburne TL Cape Cod on left

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1157 LOT AREA 40,570 ft SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .025+

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Capacity 25% Reduction

Repair System Description: Capacity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

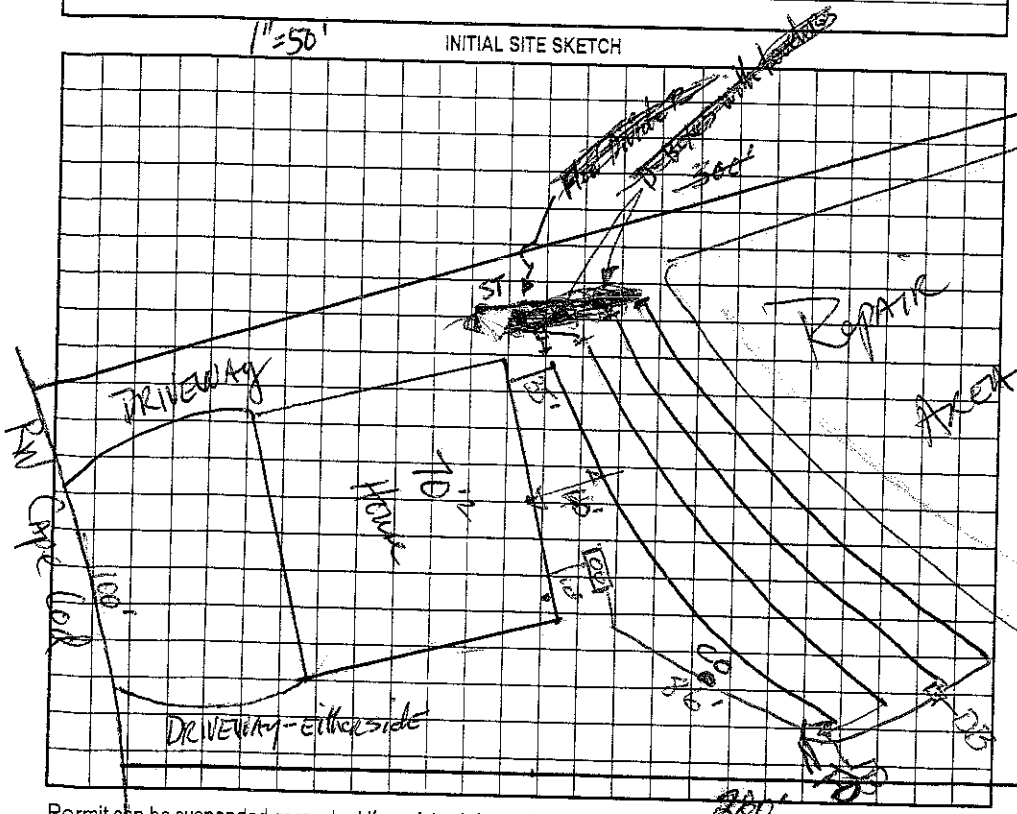
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Public~~ ☑ Community

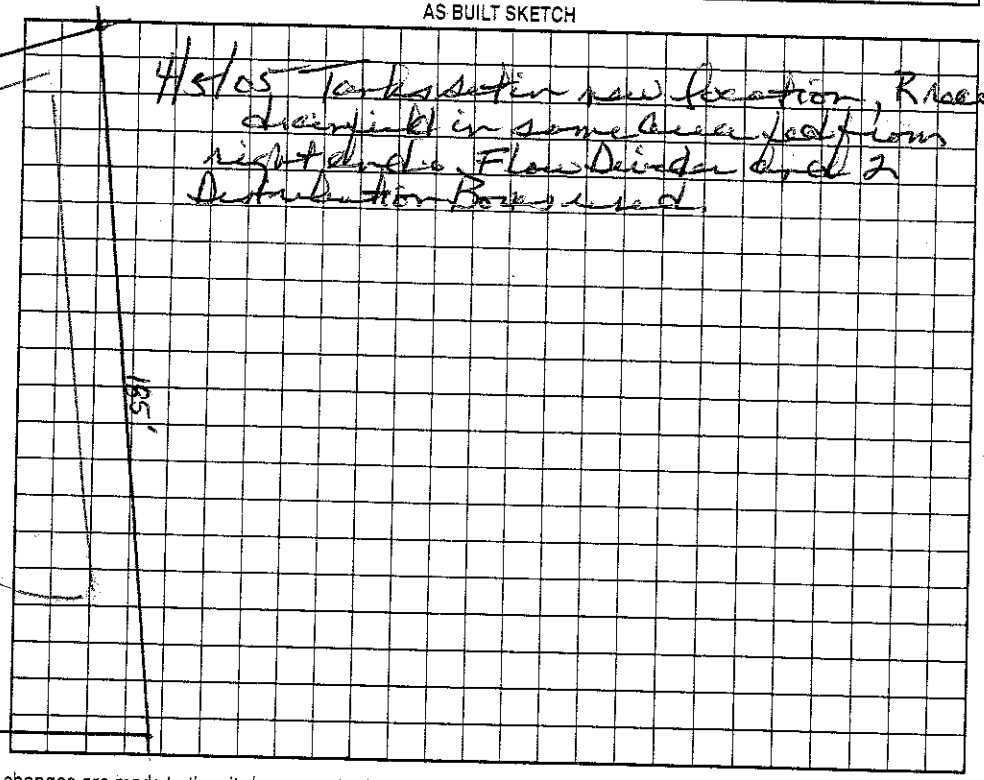
Comments:/Conditions:

Comments:/Conditions: Reviewed Building plans & site plan, essentially in compliance with Improvement Permit Quick & Installed

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 2/6/03 Installed by: Orlison & Sons

Improvement Permit by: _____ date Jan 30, 03 Operation Permit by: Wesley Sparks RS. date 4/5/05

Authorization to Construct by: _____ RS date 11/8/04 Existing System Inspection by: _____ date _____

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