2100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10959 PIN# ~~4624-27-5805.1158~~ 4624 58 1203 DATE Jan 30, 03

OWNER OR CONTRACTOR Crescent Resources, Inc / The Point Homes / Dibble Custo PHONE: Business _____ Home _____

ADDRESS 7214 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 II LOT 1158 LOT AREA 148,828 sf SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25 Repair / .3 Initial

Septic Tank: ~~1000~~ 1500 Gallons; STB 339 Date 3/1/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1620 Linear Feet 540

No Lines 3+3 @90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity ~~Low Pressure Pipe~~ Conventional

Repair System Description: Gravity 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

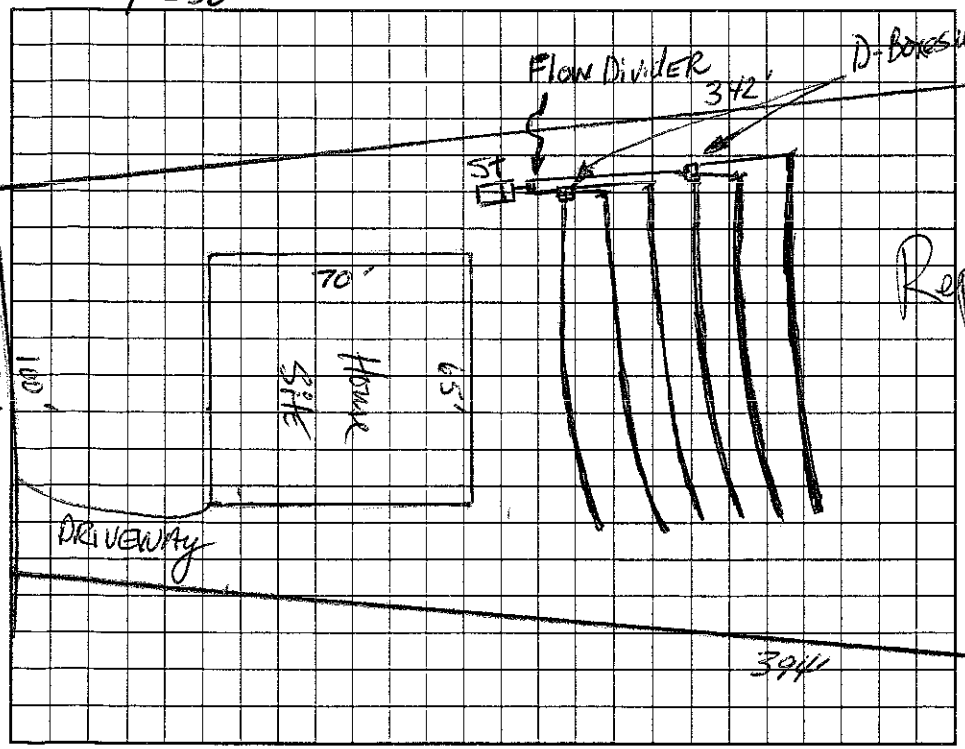
Water Supply: ☐ Individual ☒ ~~Public~~ ☒ ~~Community~~

Comments:/Conditions:

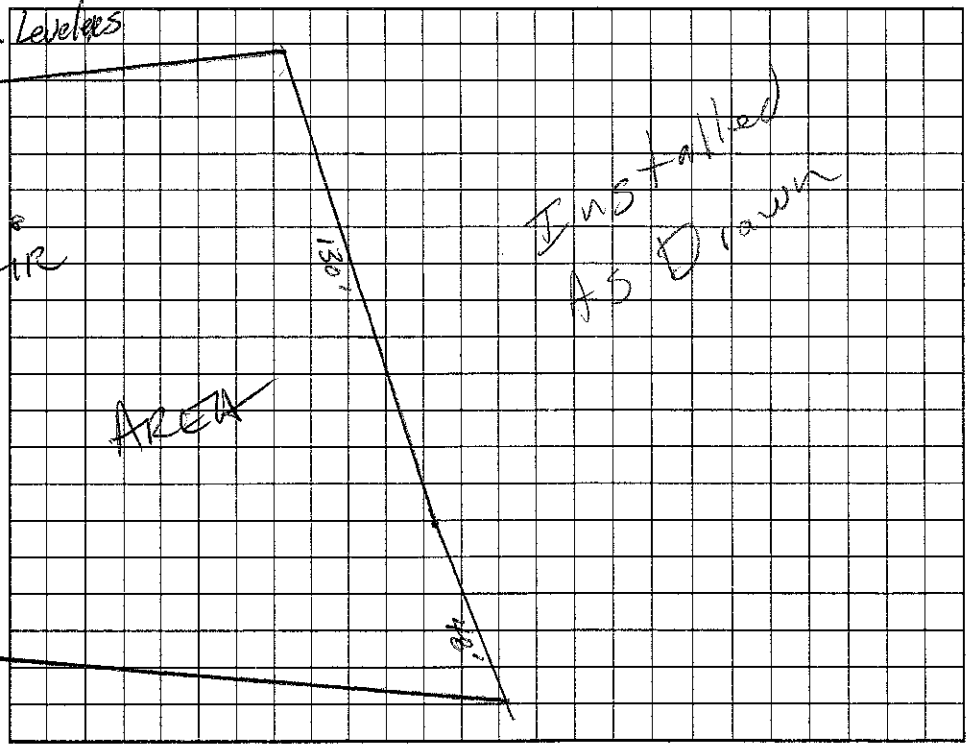
Comments:/Conditions:

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: Orbison

Improvement Permit by: _____ date Jan 30, 03 Operation Permit by: _____ date 9/13/09

Authorization to Construct by: _____ date 5/4/04 Existing System Inspection by: _____ date _____

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