IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109592 PIN# ~~4624-27-5705 . 1159~~ 4624582105 DATE Jan 30, 03

OWNER OR CONTRACTOR Crescent Resources Inc/ The Point Partnership / DIBBLE CONST PHONE: Business _____ Home _____

ADDRESS 2214 Bowley Sch Rd Mooresville, NC. 28117

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

SUBDIVISION The Point BLOCK / SECTION II LOT 1159 LOT AREA 41,899 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 5/22/[illegible]

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1260 Linear Feet 420

No Lines 3+3 @ 70' Ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

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

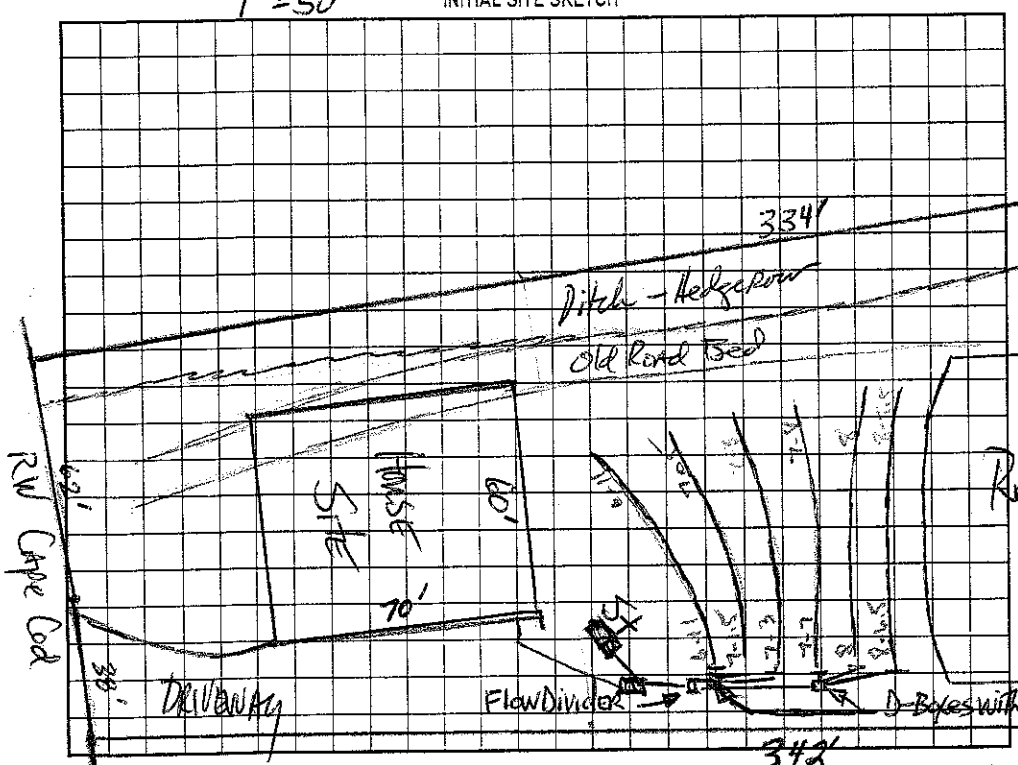
Comments:/Conditions:

Comments:/Conditions: Lot Line Revision Installation

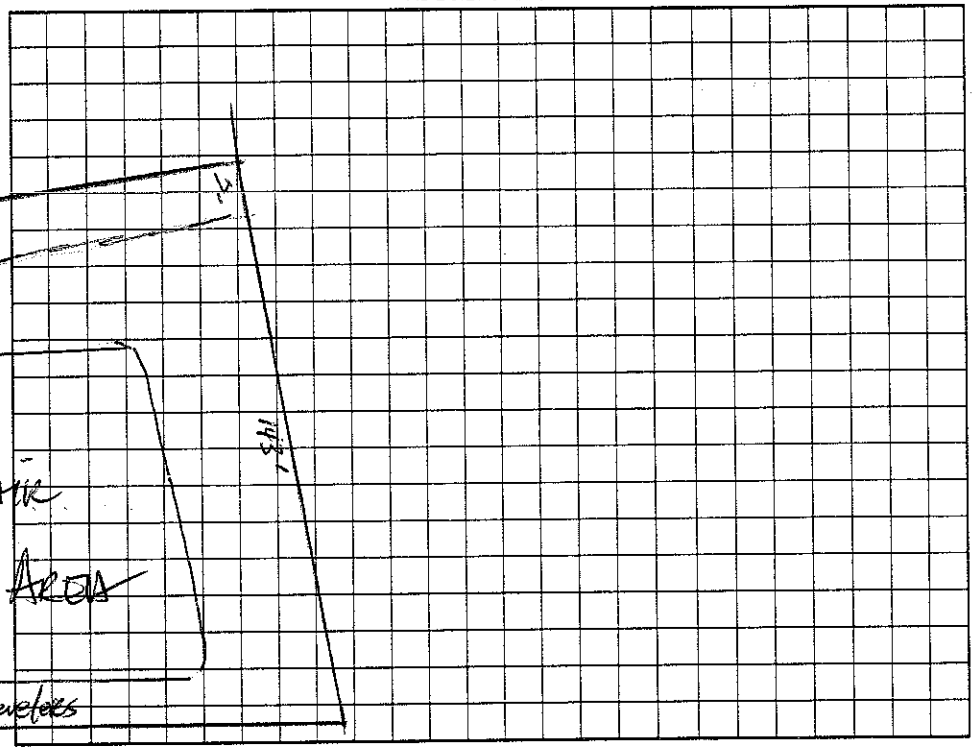
Lines - Tank, Distribution

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 2/3/03 Installed by: Onlocation

Improvement Permit by: _____ RS date Jan 30, 03 Operation Permit by: Wesley Sparks RS. date 7/2/04

Authorization to Construct by: _____ RS date 2/26/04 Existing System Inspection by: _____ date _____

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