IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108623 PIN# ~~4624-29-5915 of 135~~ Lake Norman Signature 4624-58-5421 DATE Nov 15, 02

OWNER OR CONTRACTOR The Point on Norman / Crescent Resources dba / Homes PHONE: Business _____ Home _____

ADDRESS 2219 Brawley Sch Rd Mooresville, N.C. 28117

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

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1135 LOT AREA 56,353 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 334 Date _____

Pump Tank: ~~1000~~ 4000 ~~1500~~ Gallons; PT 283 Date 3/5/04

Pump Make: ~~AA Mfg~~ Zoeller Model WE1512 Serial No. _____

Nitrification Field: No Fields ___ Square Feet 520/840 Linear Feet 280

No Lines 4@70' Trench Width 24" MIN 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ___

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

Water Supply: ☐ Individual ☑ Public ☑ Community

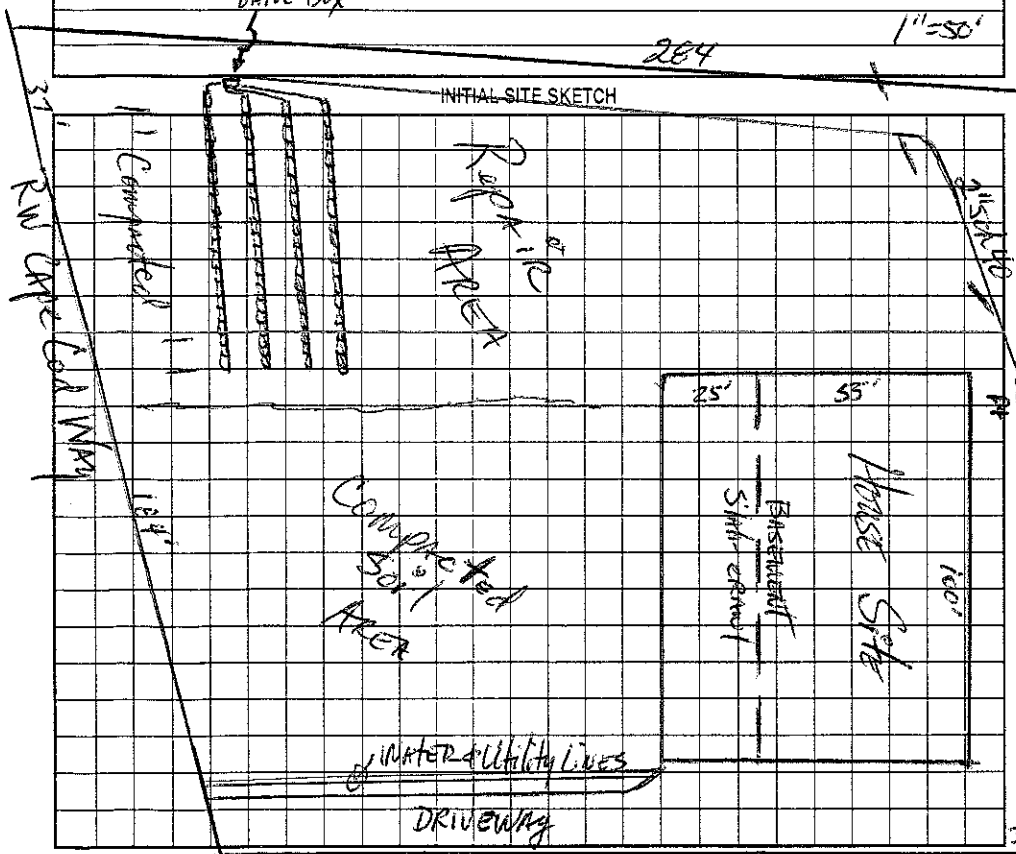
Comments:/Conditions: OR 36" MAX 90oc

Valve Box

1"=50'

284

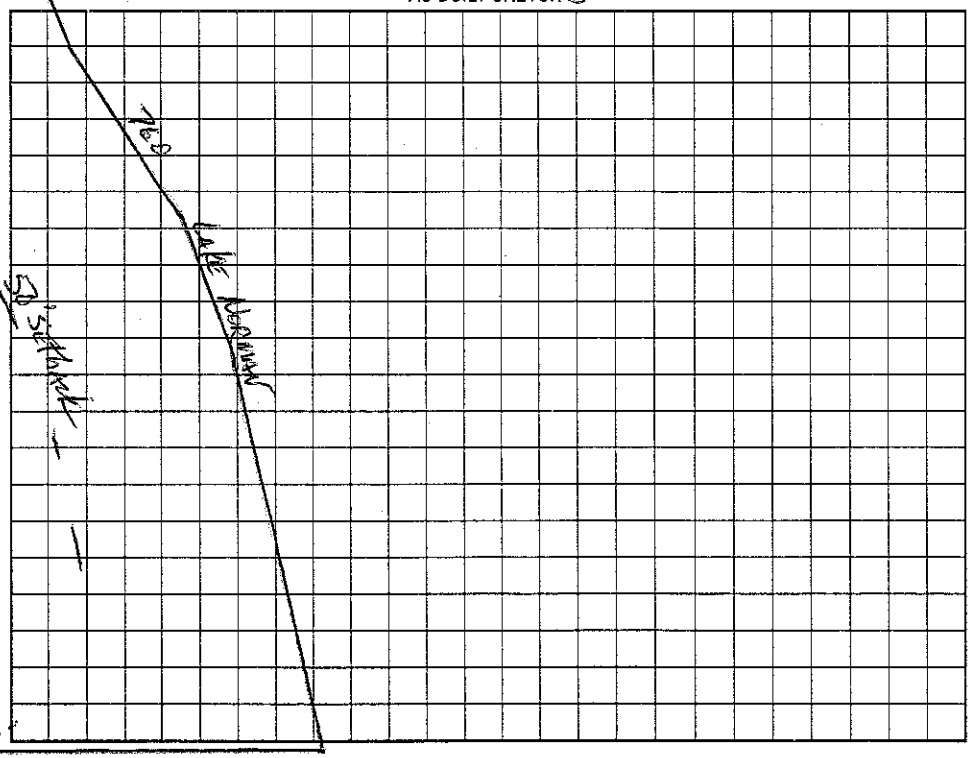
INITIAL SITE SKETCH



Comments:/Conditions: (partial)

Reviewed Building plans 10/14/03, essentially in compliance with Improvement Permit. Driveway will be on opposite side. Must hug PL & keep width to 10'.

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 11/7/02 Installed by: Per Warden Const

Improvement Permit by: _____ date 11-15-02 Operation Permit by: _____ date 8/16/04

Authorization to Construct by: _____ R.S. date 10/14/03 Existing System Inspection by: _____ date _____

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