2.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106138 PIN# 4624-27-5905.1140 4624593095 DATE Nov. 12, 02

OWNER OR CONTRACTOR The Point on Norman // Crockett Resources Inc. / Young Builders PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville, N.C. 28117

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

SUBDIVISION The Point BLOCK / SECTION II LOT 1140 LOT AREA 40,225 ft² SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 3/4/03
Pump Tank: 1000 Gallons; PT 27 Date 3/11/03
Pump Make: Zoeller Model WE6512HH4 Serial No. F0356320
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420
No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

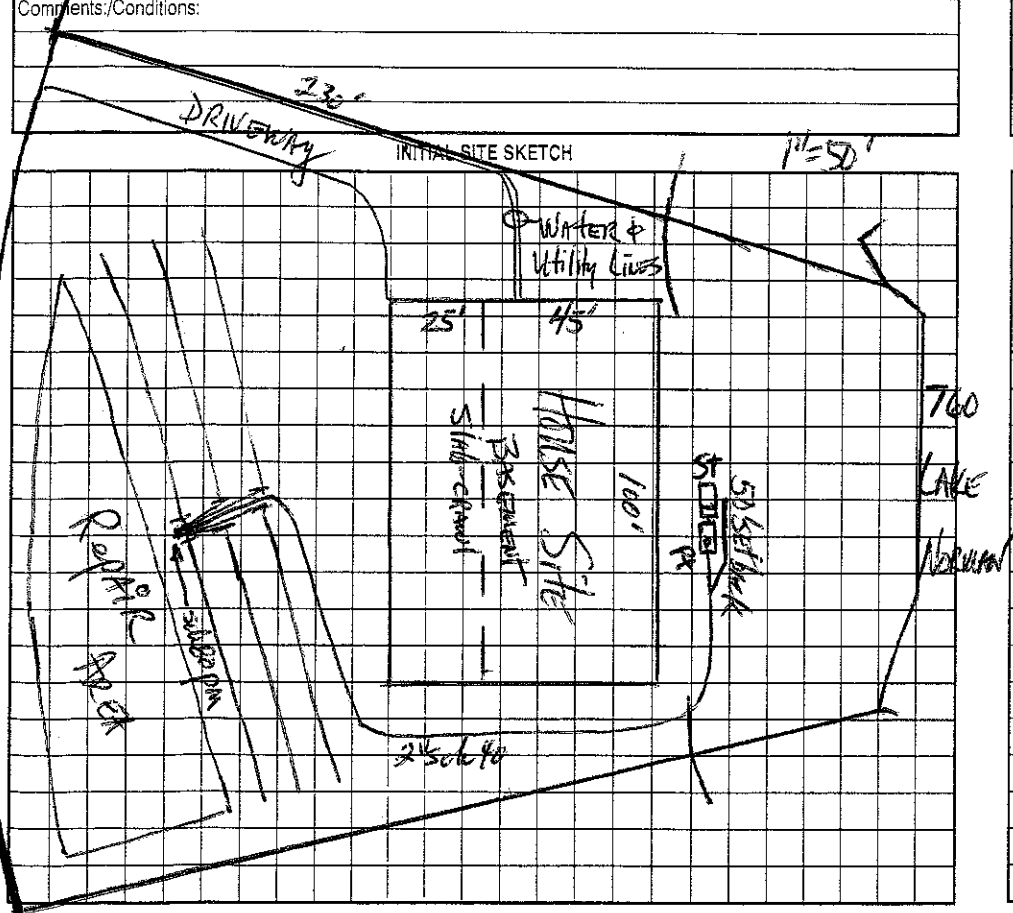
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM-Centrifed 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No Initially
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4/4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

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

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: (PARTIAL)

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 11/17/02 Installed by: Orbison

Improvement Permit by: _____ date 11-12-02 Operation Permit by: _____ date 4/30/04

Authorization to Construct by: _____ date 2/25/03 Existing System Inspection by: _____ date _____

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