IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108143 PIN# ~~4624-27-5705~~ 4624-59-6099 DATE Nov 13, 02

OWNER OR CONTRACTOR The Point on Norman // Crescent Resources Inc. // Young-Bu Properties PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. Tr Torrence Chapel Tr Shelburne Tr Cape Cod on Right Name end

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1142 LOT AREA 37,764+ SITE CLASS. PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 1-3-05
Pump Tank: 1000 Gallons; PT 283 Date 1-2-05
Pump Make: Goulds Model WE07121HC Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 Trench Width 24" min 8'ok Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I. II. III. (IV) V. VI
System Description: LPP&BS
Repair System Description: LPP&BS
Maintenance Agreement Required: ☑ Yes ☐ No

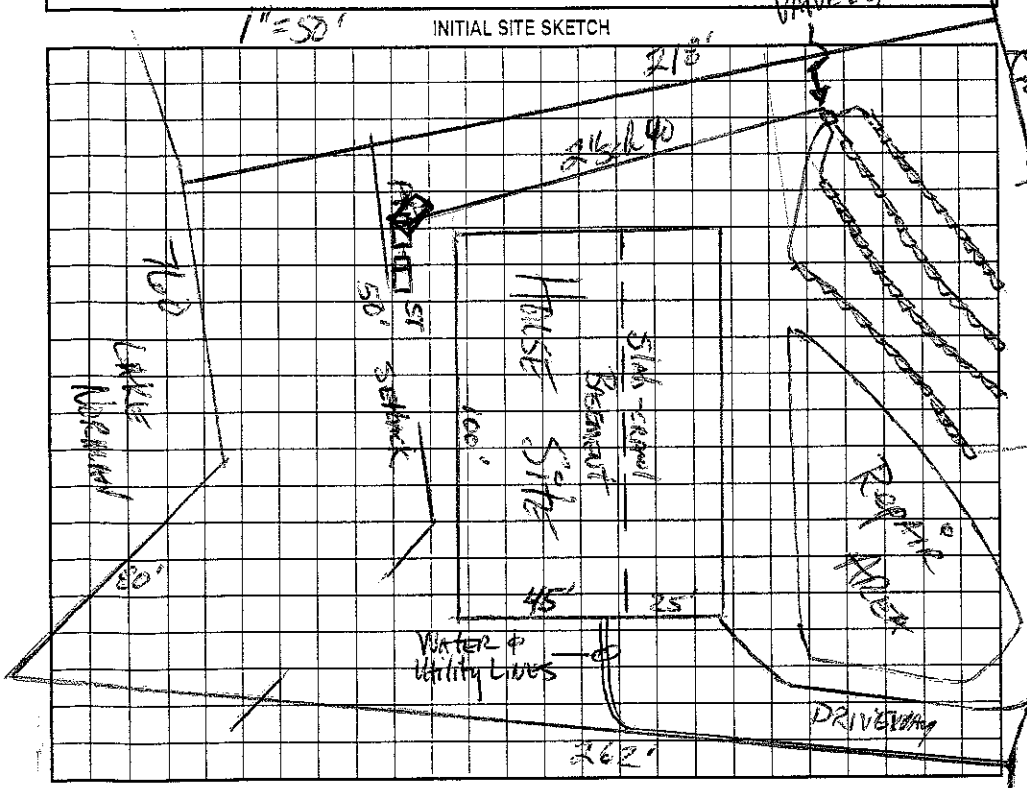
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions: 24-36" min 9oc

Comments:/Conditions: (PARTIAL)
Checked Tanks & pressure 2/8/05 MD
Lines checked 2/2/05 GM
Elect & alarm Checked 6/22/05 MD

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 11/17/02 Installed by: Orbison

Improvement Permit by: _____ date 11-13-02 Operation Permit by: _____ RS date 6/22/05

Authorization to Construct by: _____ RS date 1/13/04 Existing System Inspection by: _____ date _____

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