IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108727 PIN# 4624-27-3905.1145 4624 596374 DATE Nov. 13, 02

OWNER OR CONTRACTOR The Pointe Norman // Crescent Resources Inc. 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 left at end

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1145 LOT AREA 55,089+/- SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 11/13/04

Pump Tank: 1000 Gallons; PT 288 Date 11/9/04

Pump Make: Gaulds Model WEO-5121 Serial No. L0480372

Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"+

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

System Description: PIN - Conventional

Repair System Description: ~~PIN - Conventional~~ 4PL Panel

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

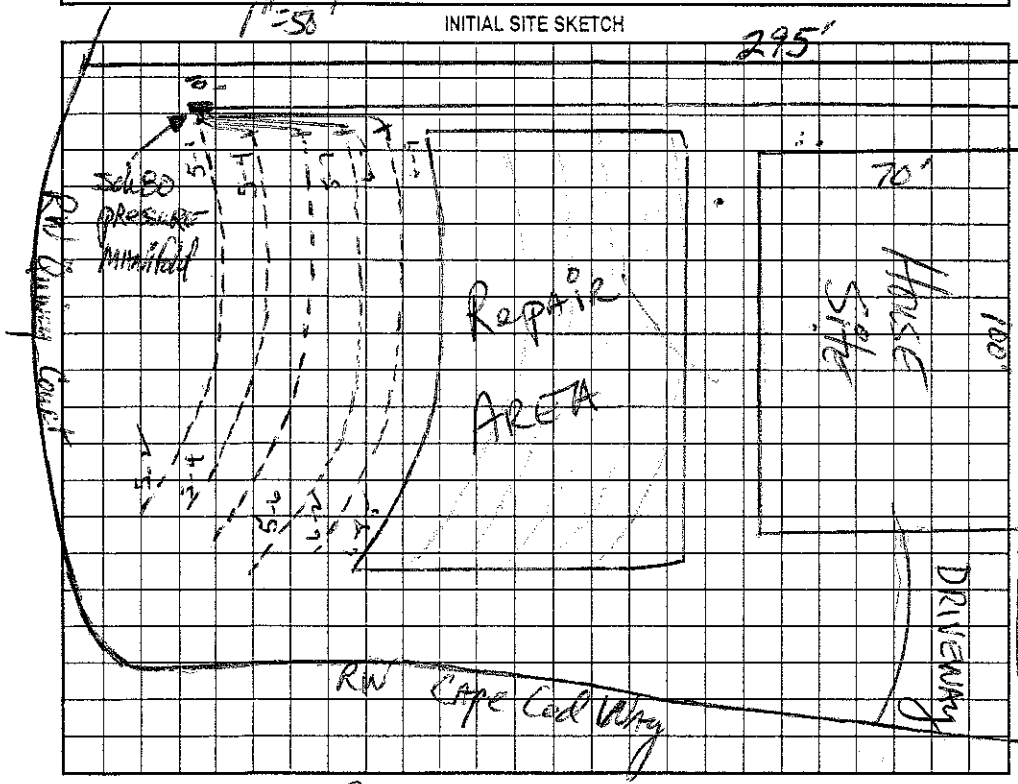
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

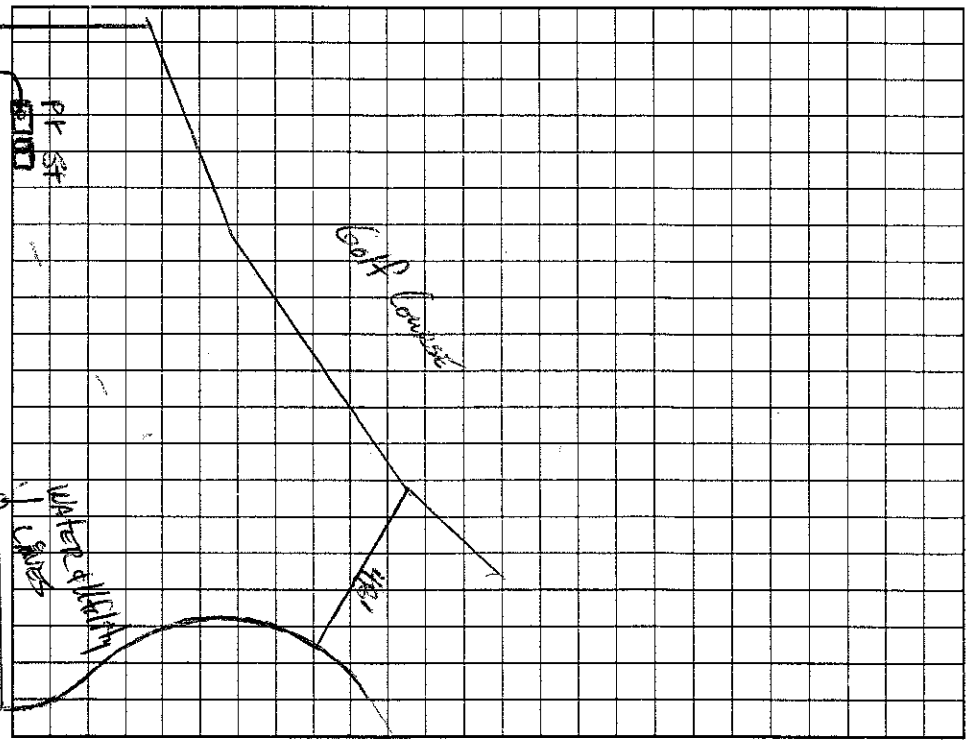
Comments:/Conditions:

Comments:/Conditions: (illegible)

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: [signature] date 11/17/02 Installed by: Orbison Const.

Improvement Permit by: [signature] RS date 11-13-02 Operation Permit by: Wesley Sparks RS date 6/7/05

Authorization to Construct by: [signature] date 6/22/04 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YEL[illegible] OWNER COPY (INITIAL): PINK