#130 10,000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119557 PIN# 4625-83-4957.1302 4625-71-7685 DATE June 21,04

OWNER OR CONTRACTOR Crescent Resources Inc // The Point on Norman / LK Norman Sgl Fam PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd TL Yacht Rd. ~700' on Right

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1302 LOT AREA 1.16Ac +,563Ac SFE SITE CLASS. PS SFE DESIGN FLOW 480 gpd L.T.A.R. .3+ SFE

Septic Tank: 1000+ Gallons; STB 338 Date 8-28-07

Pump Tank: 1000 Gallons; PT 417 Date 8-12-04

Pump Make: Gould's Model WE12HC Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: pm 25% Reduction on SFE

Repair System Description: LPPPBPS on SFE

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth NA

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

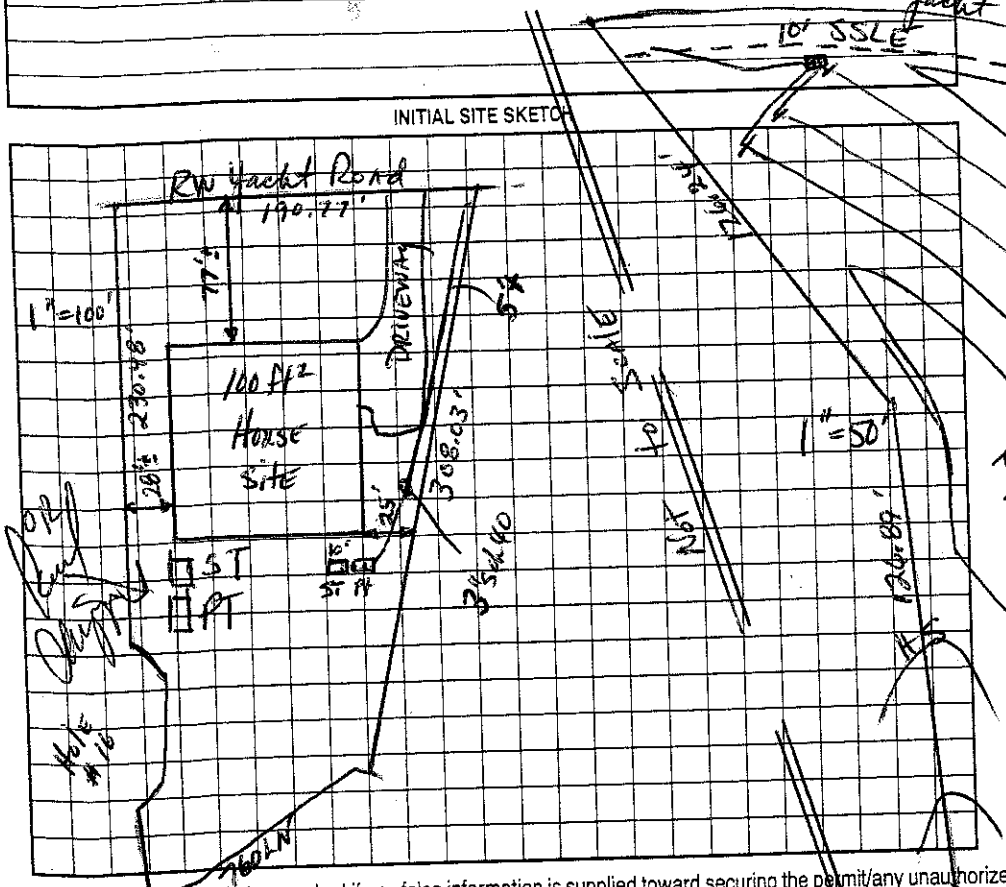
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

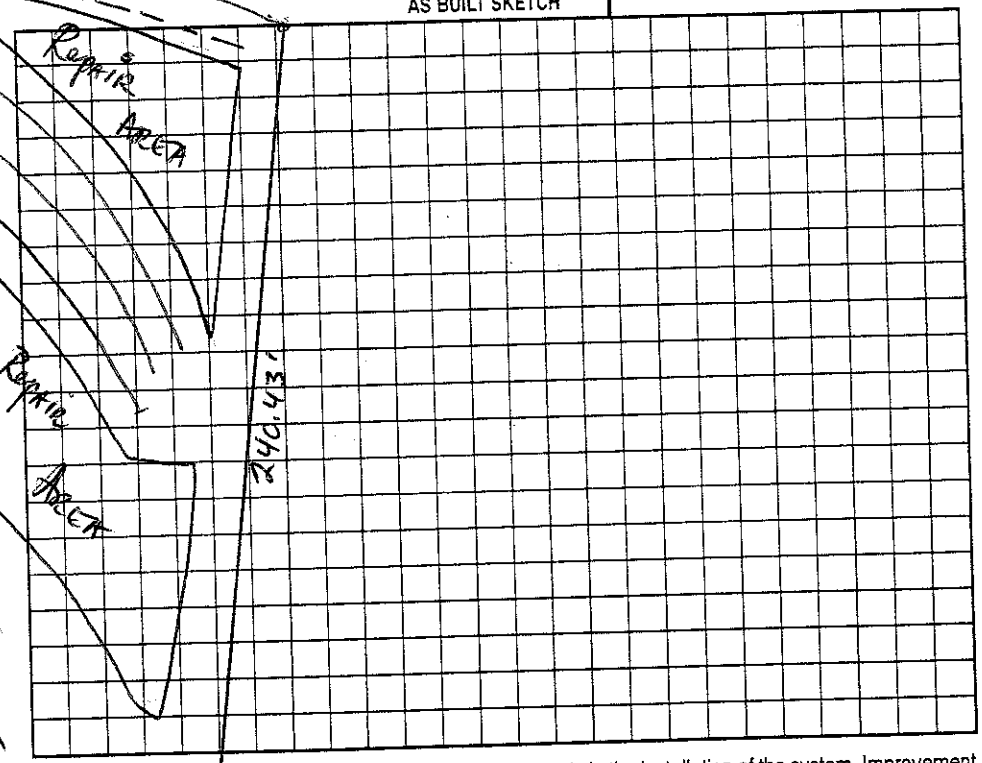
Comments/Conditions: ST 8-28-07

Comments/Conditions: Keep future pool at least 15' from Septic System 12/7/07 Checked tanks, lines & pressure set 3ft

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 6-22-04 Installed by: Hallman Construction

Improvement Permit by: _____ date 6-21-04 Operation Permit by: Judy Melville date 2-8-08

Authorization to Construct by: Judy Melville date 4-4-07 Existing System Inspection by: _____ date _____

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