$375.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11456 PIN# 4625-83-4957.1306 4625-71-8146 DATE June 21, 04

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

ADDRESS 2214 Brawley School Rd Mooresville N.C. 28117

LOCATION Brawley School Rd. TL Yacht Rd TR Kent Ct. on left at end

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1306 LOT AREA 1.06AC + .35AC SFE SITE CLASS. PSSFE DESIGN FLOW 480gpd L.T.A.R. .125 SFE

Septic Tank: 1000f Gallons; STB 283 Date 8-28-04
Pump Tank: 1000 Gallons; PT 444 Date 9-17-06
Pump Make: Myers Model ME50S Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 4 @ 80 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: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

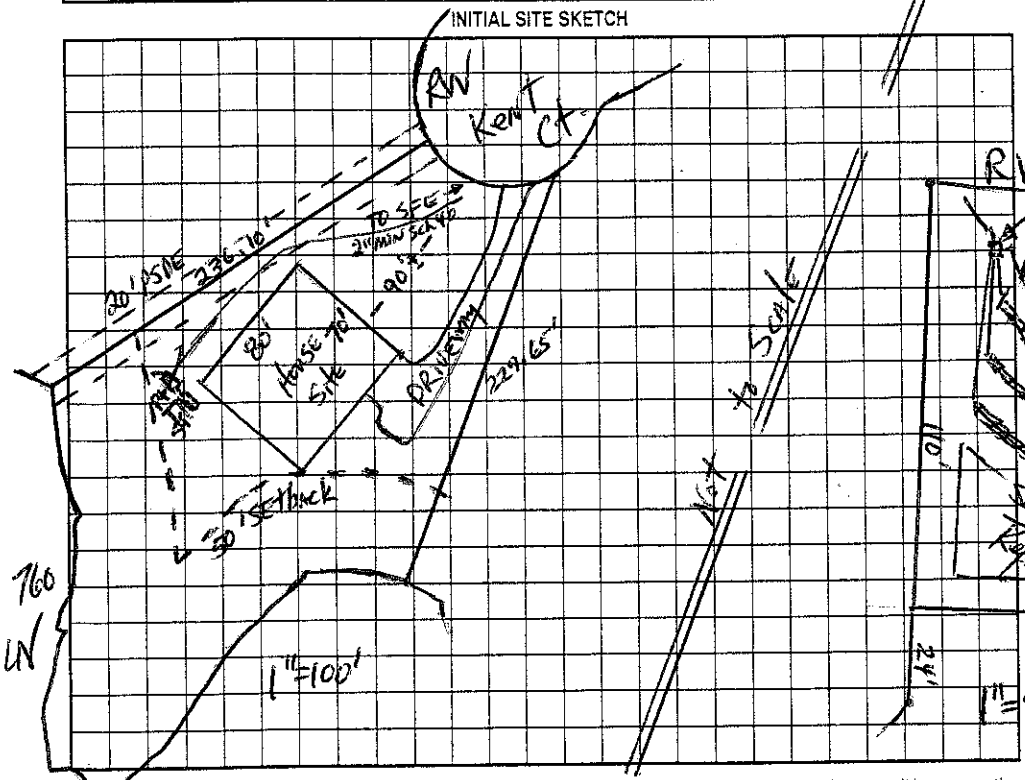
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

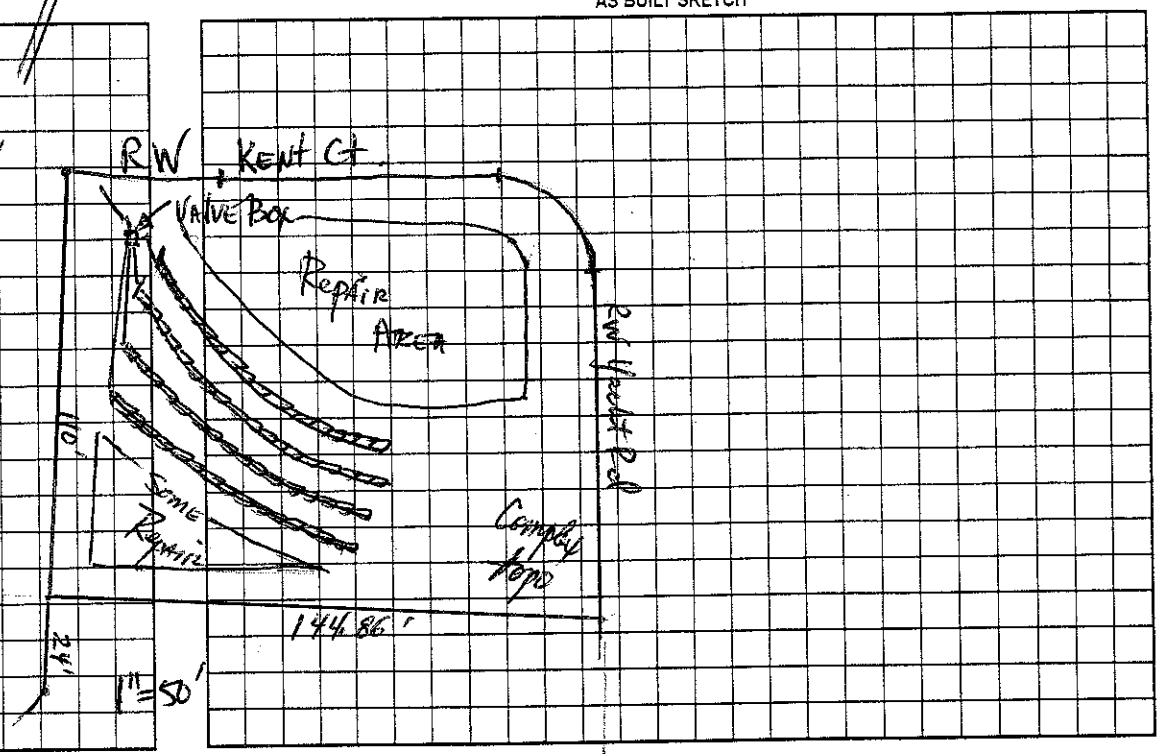
Comments:/Conditions: OR 36" MAX 9'OC

Comments:/Conditions: Checked lines 2/9/06 MD
Checked tanks 10/24/06

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: _____

Improvement Permit by: _____ date 6-21-04 Operation Permit by: _____ date 2/28/07

Authorization to Construct by: _____ date 1/6/06 Existing System Inspection by: _____ date _____

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