IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119900 PIN# 4625-83-4957 4625-72-8015 DATE June 15, 04

OWNER OR CONTRACTOR Crescent Resources LLC / The Point on Norman / HHZ PHONE: Business Shelby w/ HHZ Home 363 2898

ADDRESS 2214 Brawley School Rd Mooresville N.C. 28117

LOCATION Brawley Sch Rd TL Yacht Rd. on left just past well

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1350 LOT AREA 1.981Ac ± .589Ac SITE CLASS. PS SFE DESIGN FLOW 460gpd L.T.A.R. 0.3 SFE 1314-1350

Septic Tank: 1000+ Gallons; STB 338 Date 10-8-05

Pump Tank: 1000 Gallons; PT 27 Date 10-7-05

Pump Make: Goulds Model WE0512H Serial No. H05260774

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 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 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

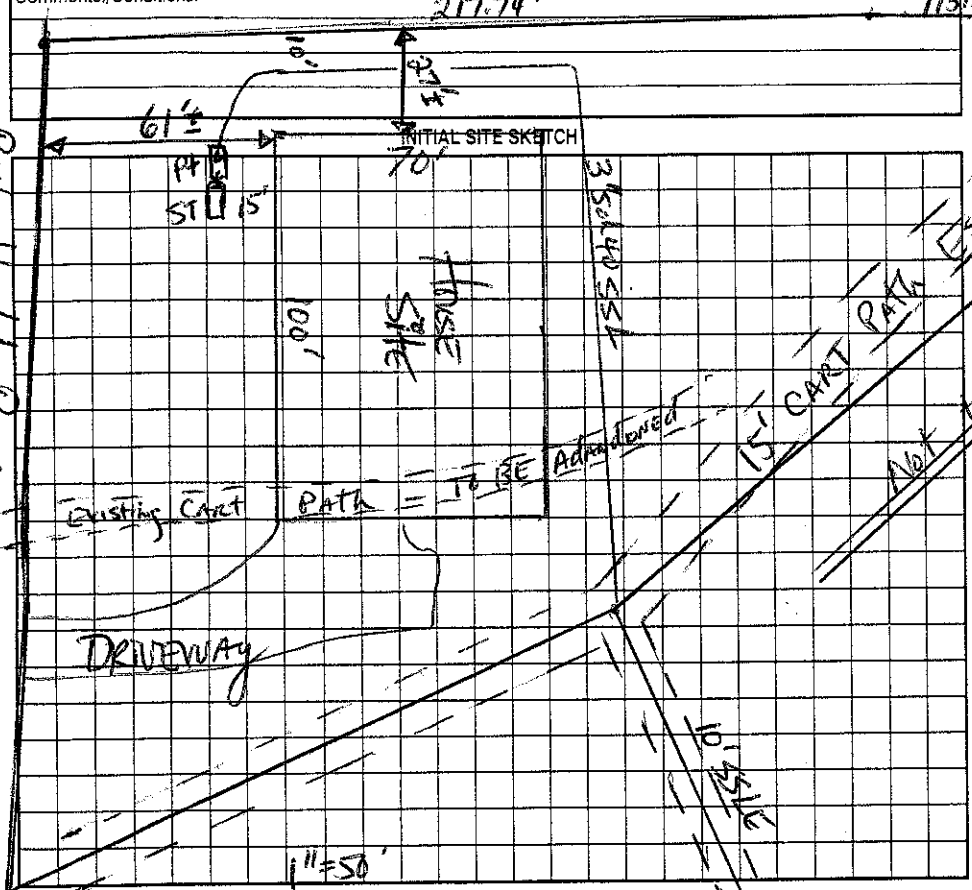
☐ Business No. Employees

☐ Other

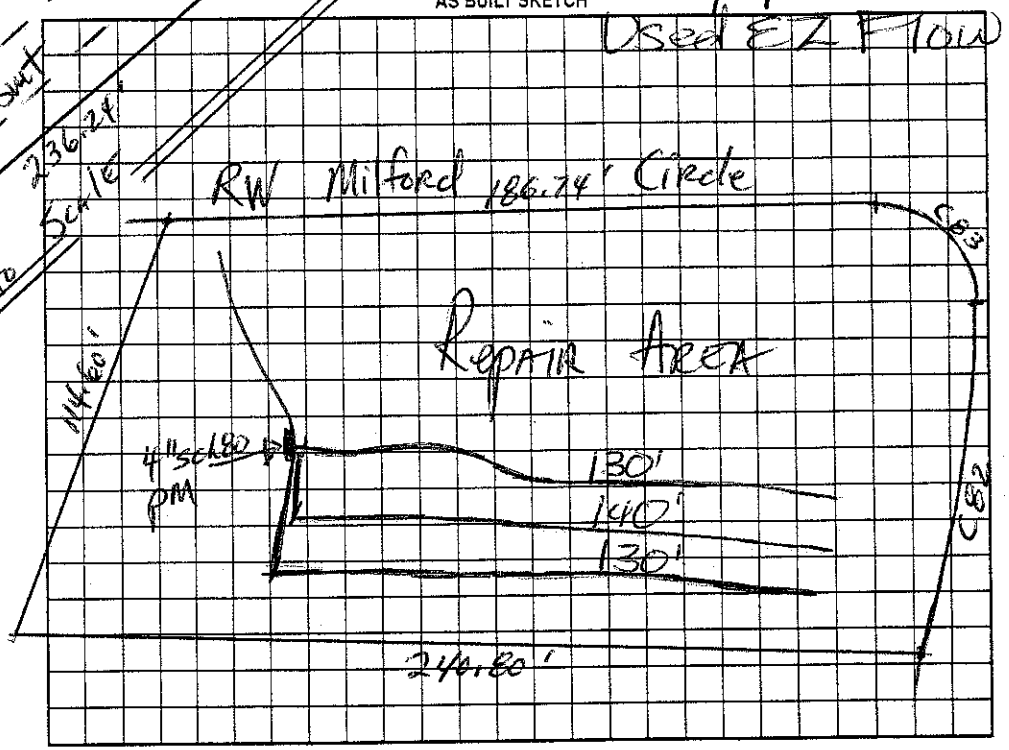
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 217.74' 113.22'



Comments:/Conditions: 6/22/05 Reviewed Floor plans & site plan; in Compliance with original permit Checked Tanks 11/16/05 Checked lines 11/18/05



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 6-22-05 Installed by: Bob Mayhew

Improvement Permit by: _____ date 6-15-04 Operation Permit by: _____ date 1/12/06

Authorization to Construct by: _____ date 6/22/05 Existing System Inspection by: _____ date _____

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