IREDELL COUNTY HEALTH DEPARTMENT

(Augusta Homes) $125 11:30

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

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

PERMIT# 081385 PIN# ~~4625941684 (pt.)~~ 4625753780 DATE Sept. 8, '99

OWNER OR CONTRACTOR Crescent Resources Inc. / The Point on Norman PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TR Polaris TL Jeremy Pt. TR Brick Kiln on left at jct w/ Union Chapel Road

SUBDIVISION The Point BLOCK / SECTION 5 LOT 550 LOT AREA 41,628 sf SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: ~~1500 1000~~ Gallons; STB 338 Date 5-8-00

Pump Tank: 1000 Gallons; PT 283 Date 9-12-00

Pump Make: Myers Model ME3E-21 Serial No. 2422 9500

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

No. Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM - Innovative - 25% Reduction

Repair System Description: 2 Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth N/A

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

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

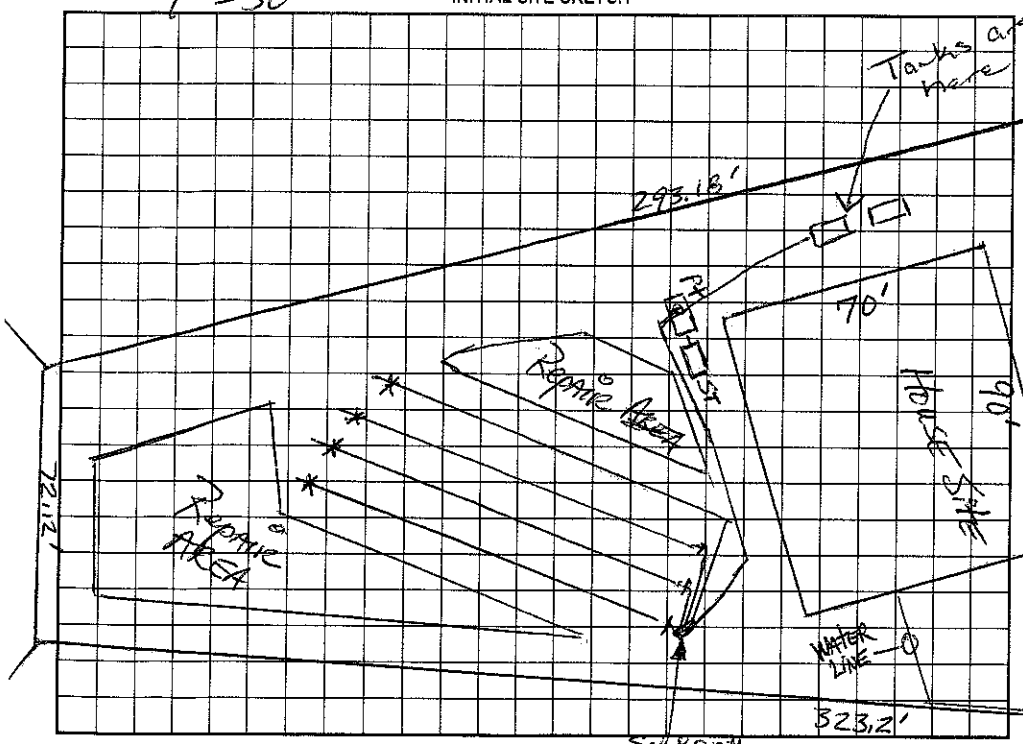
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: *ONE inspection port per LATERAL

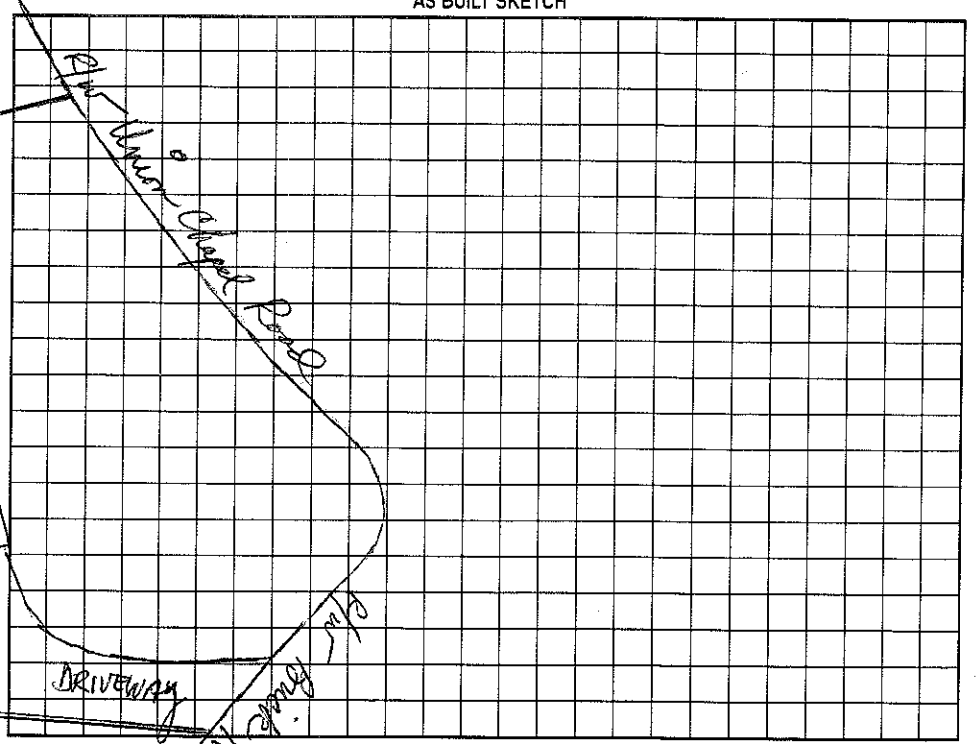
Comments:/Conditions: Tanks & lines Checked 12/7/2000 MD
Filter installed

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 9-10-99 Installed by: R&H Inc.

Improvement Permit by: _____ date 9-8-99 Operation Permit by: _____ date 1/9/2001

Authorization to Construct by: _____ date 4/17/00 Existing System Inspection by: _____ date _____

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