IREDELL COUNTY HEALTH DEPARTMENT

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

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

#125

PERMIT# 081387 PIN# 4625941664 (pt) DATE Sept. 6, '99

OWNER OR CONTRACTOR Crescent Resources Inc. // The Ponton Norman // Arcadia Homes 4625-75-5715 PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TR Polpis TL Jeremy Pt. TR Bricke Kiln on left

SUBDIVISION The Point BLOCK / SECTION 5 LOT 551 LOT AREA 37,485 SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 3

Septic Tank: 1000+ Gallons; STB 338 Date 7/22/00

Pump Tank: 1000 Gallons; PT 29 Date 3/16/00

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM - Innovative - 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

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

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

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

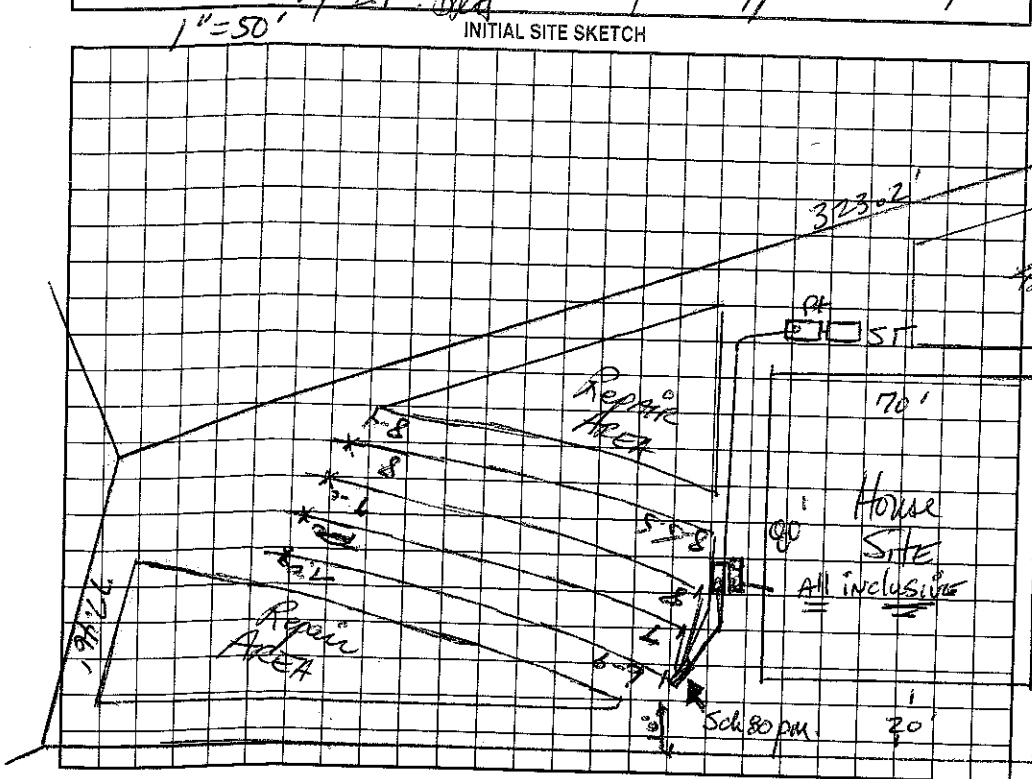
Comments:/Conditions: * ONE Inspection port per lateral

1-26-2000 Reviewed layout & site plan; appears in compliance w/ I.P. DRH

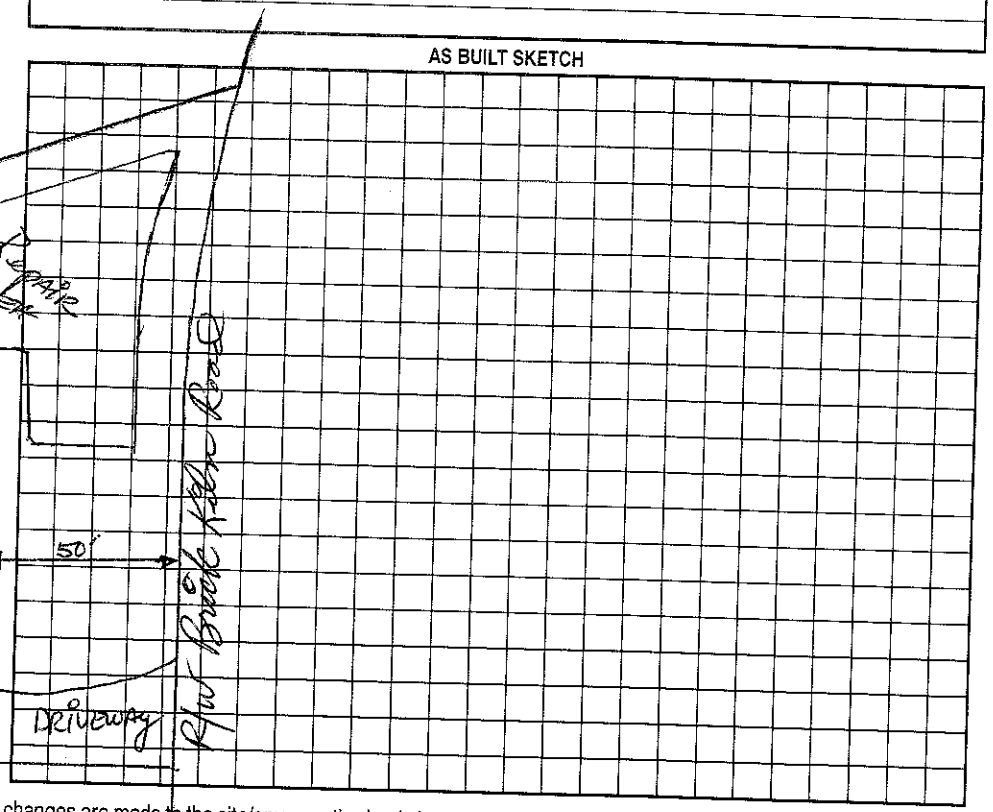
Comments:/Conditions: EZ Flow installed

INITIAL SITE SKETCH

1"=50'



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

Improvement Permit by: _____, RS date 9-8-99

Authorization to Construct by: _____, RS date 1-26-2000 Operation Permit by: _____, RS date 11/16/00

Existing System Inspection by: _____ date _____

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