4625 75 7857

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $125 MOORESVILLE 704-664-5281

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

PERMIT# 081389 / 123101 PIN# 4625944684 (pt)

OWNER OR CONTRACTOR Crescent Resources Inc. / DAVID DIBBLE CUSTOM HOMES Bennett Business 660-1185 Home DATE Sept. 9, '99

ADDRESS 2214 Brawley Sch Rd. Mooresville

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

SUBDIVISION The Point BLOCK / SECTION 5 LOT 553 LOT AREA 33,684 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000gl Gallons; STB 338 Date 3-27-06

Pump Tank: 1000 Gallons; PT 27 Date 2-24-06

Pump Make: Gould's Model WE0312 Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 400

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

☑ 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

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

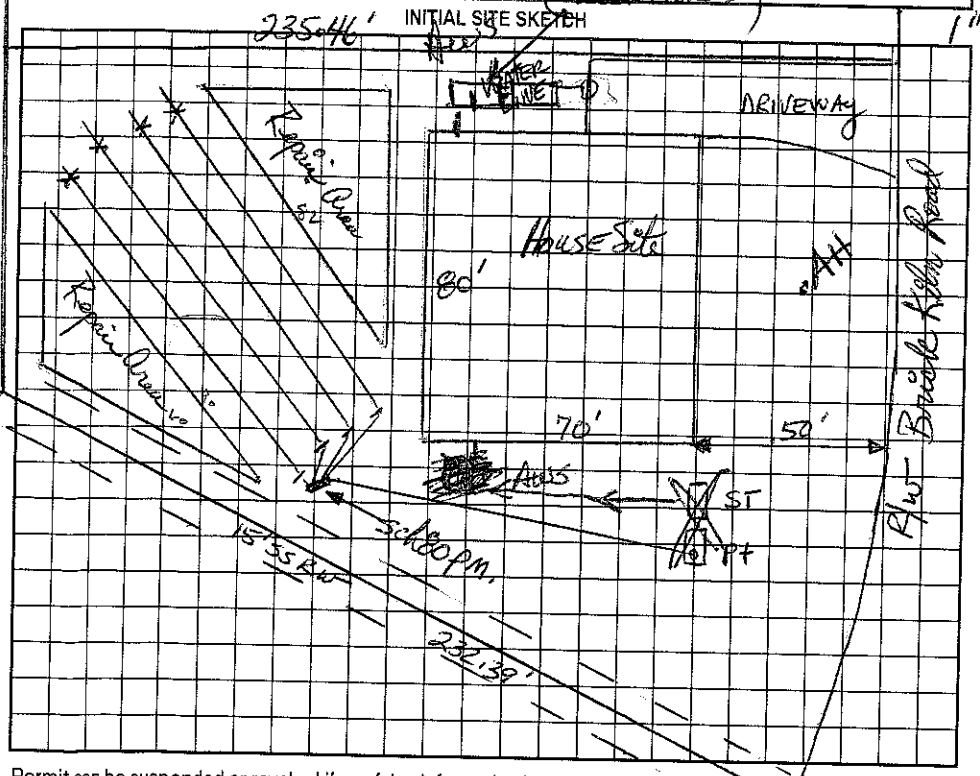
Water Supply: ☐ Individual ☑ Public ☑ Community

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

Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL.
Set 3SA Head (Location 2)

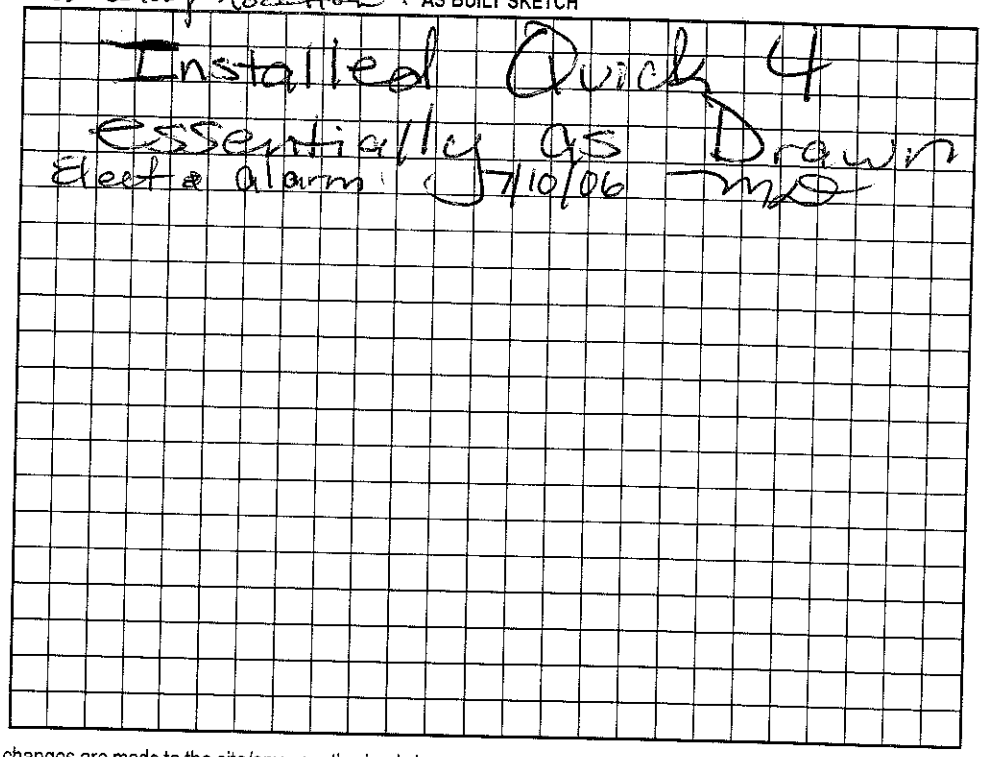
Comments:/Conditions: * Note Tank location to move toward rear left corner of this house. Service water from Driveway must be routed around Tank location. 4/25/06 - PT, Pump tank to location 2, stubbed out + in wrong location.

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

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

Authorization to Construct by: _____, RS date 12/1/04

Installed by: C.W. Orbison

Operation Permit by: _____, RS date 7/10/06

Existing System Inspection by: _____ date _____

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