IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130342 PIN# 4625 82 3567.1379 DATE August 17, 05

OWNER OR CONTRACTOR The Point on Norman, LLC PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TL Chesterwood on left

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1379 LOT AREA .832 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I (II, III, IV, V, VI)

System Description: Gravity 25% Reduction (accepted) LPPPRPS

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No initially

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms _____

[ ] Business No. Employees _____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply:
[ ] Individual
[X] Public
[X] Community

Comments:/Conditions:

critical site evaluation and layout performed by Paul Pennington and Kathleen Haven of SEME

Comments:/Conditions:

INITIAL SITE SKETCH

See plan by SEME

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 8-29-05 Installed by: _____

Improvement Permit by: _____ date 8-17-05 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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