IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116974 PIN# ~~4625-83-4957 .1342~~ 4625-82-9326 DATE June 7, 2004

OWNER OR CONTRACTOR Crescent Commercial/The Point or Norman/Hughes & Assoc. PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TL Yadkin Rd TL Milford Circle on left

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1342 LOT AREA .834 ac SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 5-3-05

Pump Tank: 1000 Gallons; PT 283 Date 5-26-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 4 Trench Width 24" MINIMUM Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

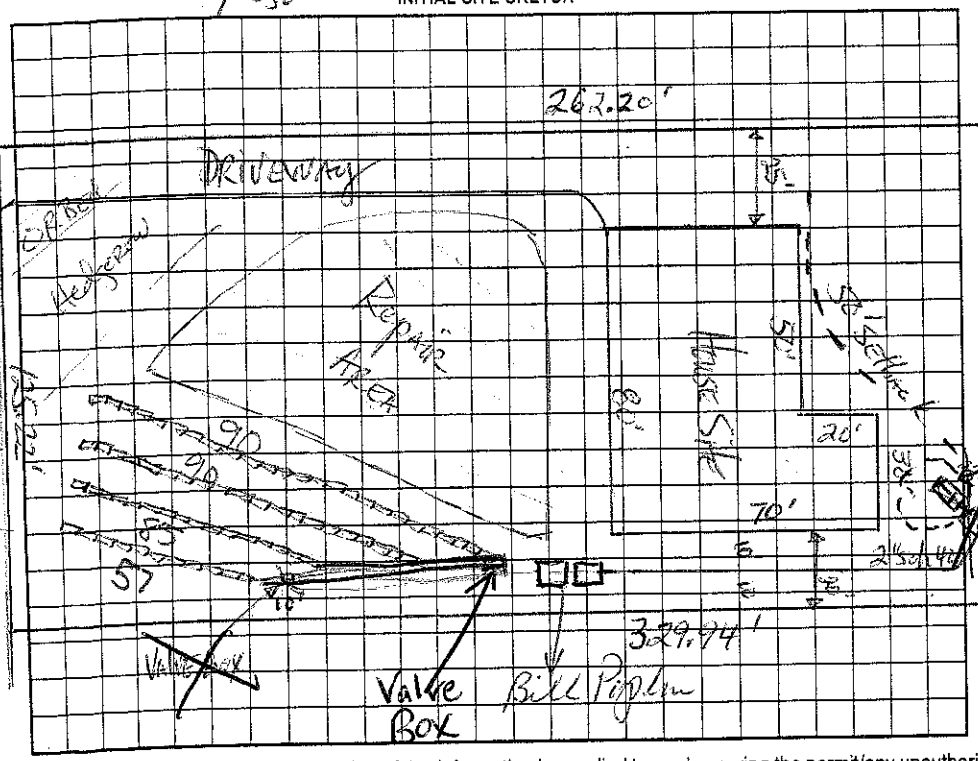
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

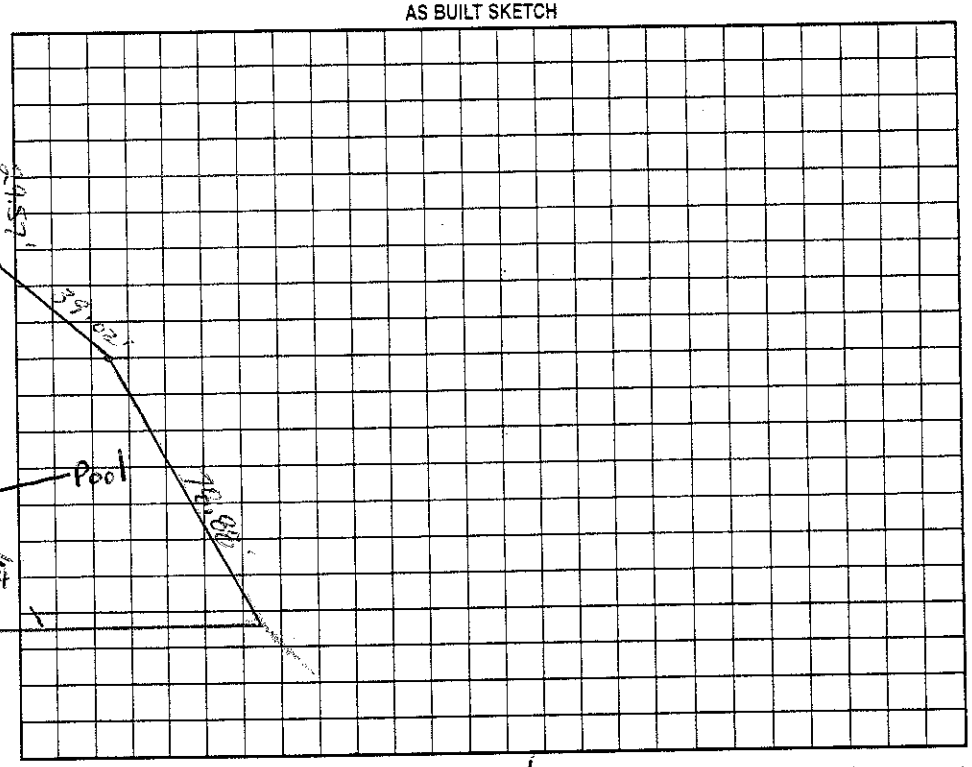
Comments:/Conditions: @ 36" max 9' oc

Comments:/Conditions: Lines checked 9/20/05 MS
Checked tanks, 9/29/05 MS
Pressure Checked 11/15/05

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 6-22-04

Improvement Permit by: _____ date 6-7-04

Authorization to Construct by: _____ RS date 11/8/04

Installed by: _____

Operation Permit by: _____ RS date 11/16/05

Existing System Inspection by: _____ date _____

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