IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 200.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 081180 PIN# ~~4625944684 (pt.)~~ 4625-86-~~2~~-1356 DATE Feb 14 01

OWNER OR CONTRACTOR Crescent Resources clo // Potter Builders PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd Mooresville

LOCATION Brawley Sch Rd. TR Polpis Rd AT END

SUBDIVISION The Point BLOCK / SECTION 5 LOT 513 LOT AREA 49737 ft² SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 4/17/01

Pump Tank: 1500 Gallons; PT 338 Date 4/13/01

Pump Make: Gould Model WE0 512H Actual No. _____

Nitrification Field: No Fields 1 Square Feet 1020 Linear Feet 340+

No Lines 4 @ 85' Trench Width 34"* Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms 5 No. Employees ____

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

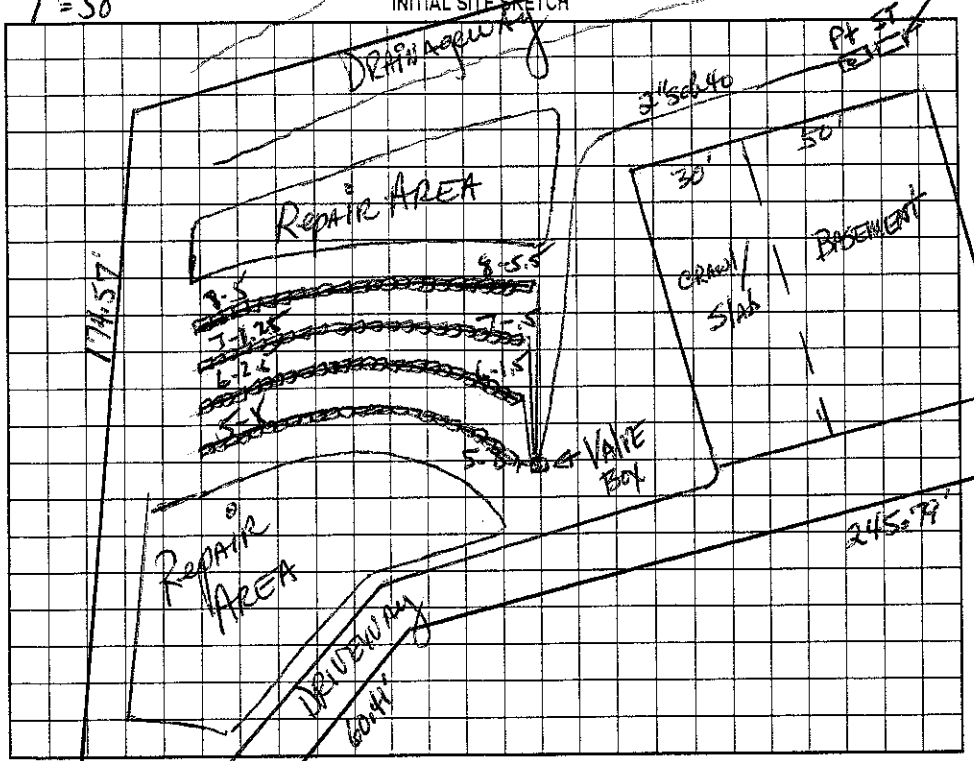
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: * 36" wide trenches 9' on center may be used. This permit Replaces permit issued 8-6-99.

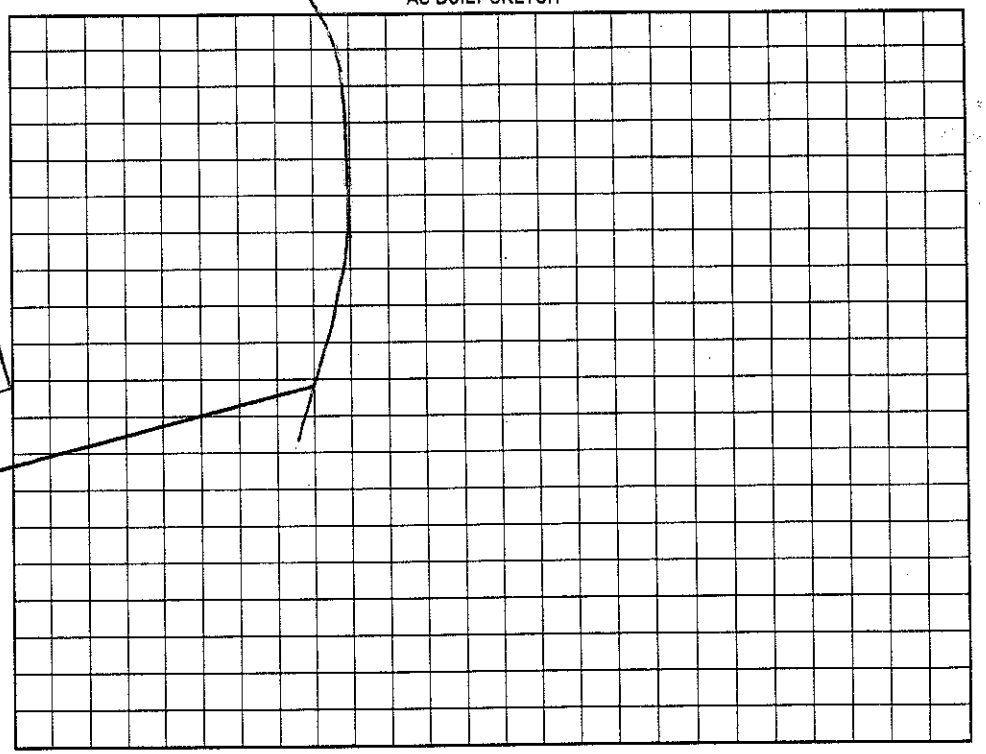
Comments:/Conditions:

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 5-16-01 Installed by: Hanby Septic Service

Improvement Permit by: _____ date 2-14-01 Operation Permit by: Wesley Sparks RS. date 10/5/01

Authorization to Construct by: _____ date 2-14-01 Existing System Inspection by: _____ date _____

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