IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5201

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

$325 2000

PERMIT# 081175 PIN# ~~4635441684~~ (pt) Hayden, Hemelwright & Zande 4625-86-4433 DATE August 4, '99

OWNER OR CONTRACTOR Crescent Resources, LLC / The Point ON Norman // PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. // Mooresville

LOCATION Brawley Sch Rd. TR Polpis Road on Right at End

SUBDIVISION The Point BLOCK/SECTION 5 LOT 511 LOT AREA 29,201 ft² SITE CLASS 15 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000+ Gallons; STB 338 Date 4-19-00

Pump Tank: 1000 Gallons; PT 27 Date 4-18-00

Pump Make: Myers Model ME 505-21 Serial No. _____ 1/2HP

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

No Lines ~~3 @ 100'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP Pave/Black

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

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

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

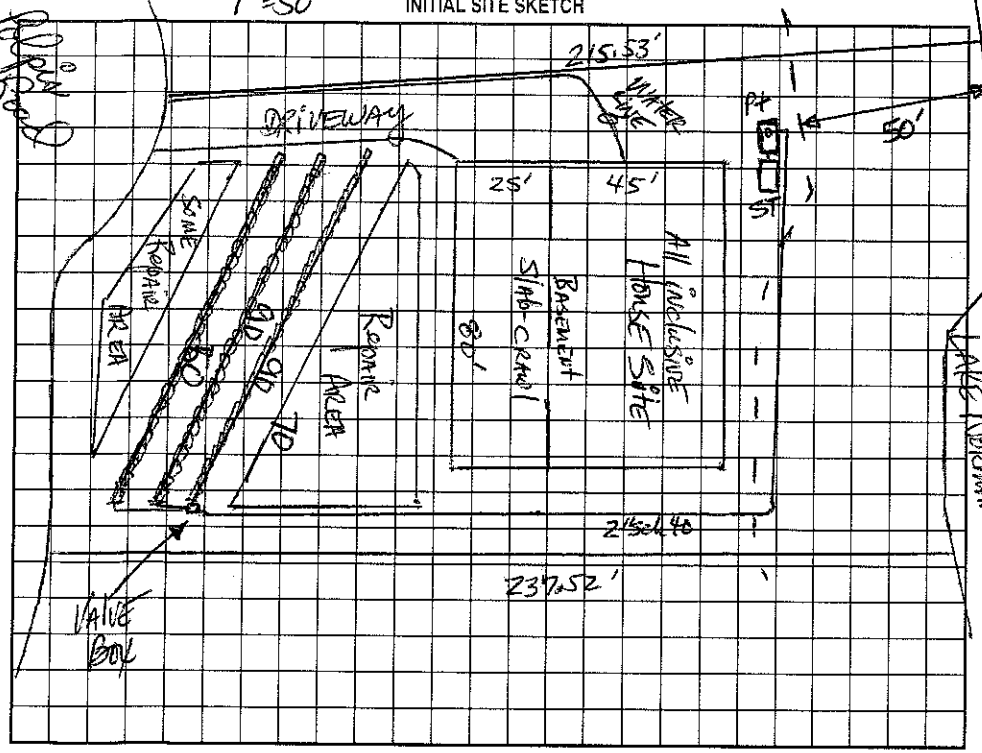
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments/Conditions: 11-19-99 Reviewed house/site plan - appears in compliance w/ I.P.

Comments/Conditions: (PARTIAL) Filters & riser on tanks. Tanks & lines checked 5/31/00. MD Pressure, Alarms & Elect. checked 6/9/00

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 9-10-99 Installed by: Mayhew Septic

Improvement Permit by: _____, RS date 8-4-99 Operation Permit by: _____, R.S. date 6/9/2000

Authorization to Construct by: _____, RS date 11-19-99 Existing System Inspection by: _____ date _____

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