IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07865 PIN# ~~4625-84-4807~~ (Lot) 4625-89-5851 DATE April 21, 199

OWNER OR CONTRACTOR Crescent Resources Inc/The Point on Norman PHONE: Business 660-1165 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. on left before pit w/ Brawley Harbor Place

SUBDIVISION The Point BLOCK / SECTION II LOT 271 LOT AREA 50,068 ft2 SITE CLASS. K DESIGN FLOW 480gpd L.T.A.R. no 3

Septic Tank: 1000 f Gallons; STB 338 Date 10/26/02

Pump Tank: 1000 Gallons; PT 283 Date 8/24/02

Pump Make: Model Serial No.

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

No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPAve/Block

Repair System Description: SAME

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

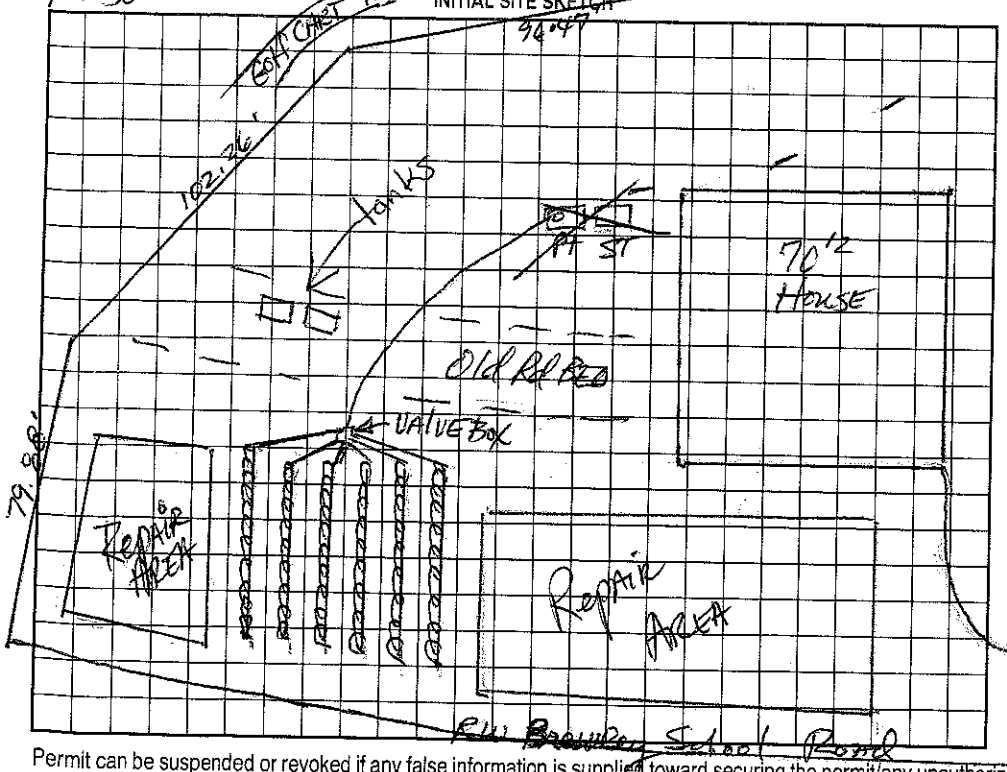
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: 2/12/02 - Tanks to be relocated to side opposite Duff Course - Accs.

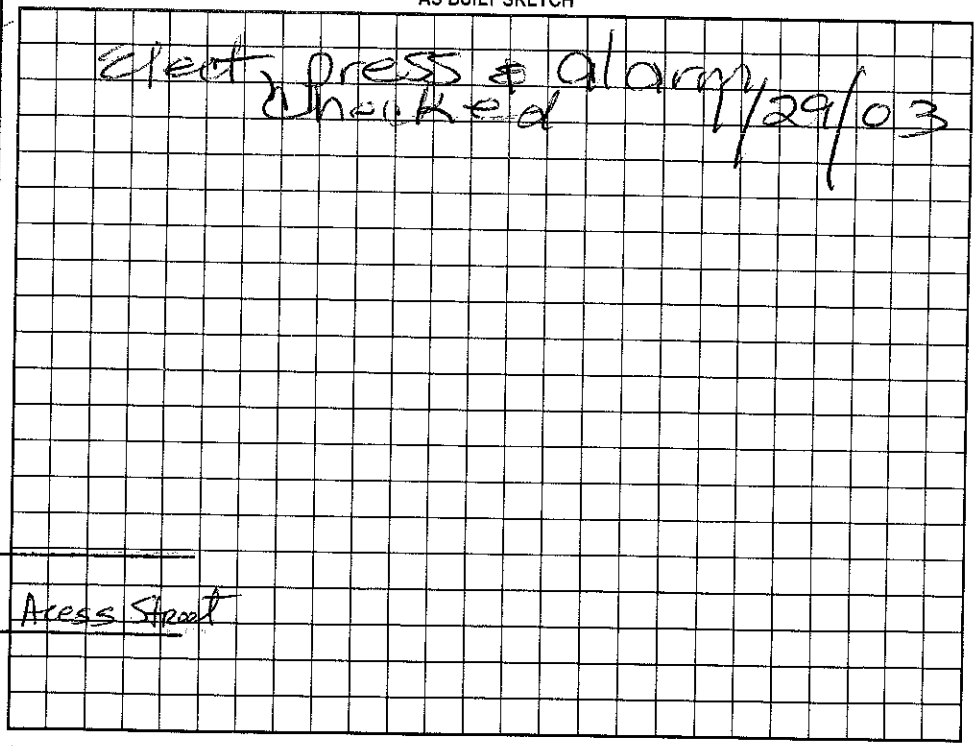
Comments:/Conditions: HF Green SF SW in 6th line. 3/16" hole drilled Lines checked 12/2/02

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

Improvement Permit by: RS date 4-21-99

Authorization to Construct by: Wesley Sparks RS. date 2/12/02

Installed by: RF H K

Operation Permit by: Maria H Nolan date 1/29/03

Existing System Inspection by: date

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