4625-91-0781 130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5395 MOORESVILLE 704-664-5281

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

PERMIT# 120824 PIN# 4625-83-4957.1356 Lake Norman Signature Homes DATE June 17, 04

OWNER OR CONTRACTOR Crescent Resources dba/ The Pointe NORMAN PHONE: Business Home

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

LOCATION Brawley Sch Rd. Tr Yacht Rd. Tr Milford Circle Tr Milford Circle on left

SUBDIVISION The POINT BLOCK / SECTION 13 LOT 1356 LOT AREA .839 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .125

Septic Tank: ~~1500~~ 1500 Gallons; STB 338 Date 2/24/06

Pump Tank: 1000 Gallons; PT 27 Date 2/21/06

Pump Make: Gould's Model WE0312HH Serial No. C06 2420

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pm 25% Reduction

Repair System Description: pm 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

~~☐~~ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

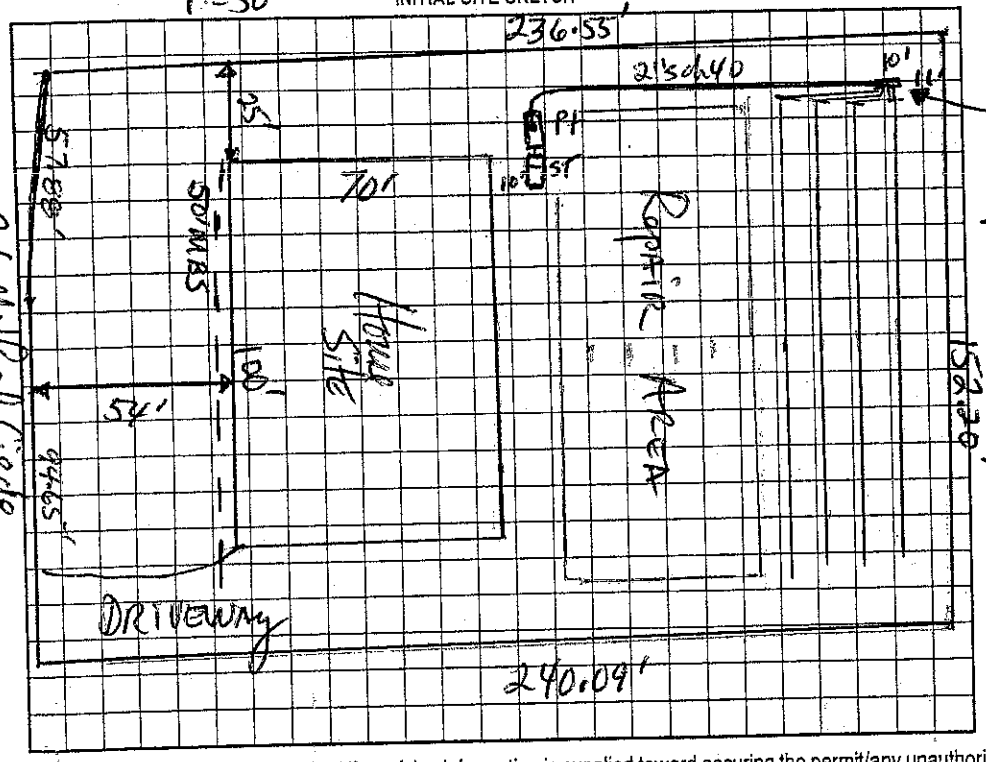
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Reviewed Building Plans & Site Plan 8/16/05; essentially in Compliance With L.P.

Comments:/Conditions: Note: May want to locate tanks on side of house. MD

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 6-17-04

Authorization to Construct by: _____ date 8/16/05

Installed by: Hallman Const.

Operation Permit by: _____ date 6/21/06

Existing System Inspection by: _____ date _____

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