IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11992 PIN# 4625-83-4957.1365 4625-92-5044 DATE June 18, 04

OWNER OR CONTRACTOR Crescent Resources Attn: Pam Jan Norman / DIBBLE PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TL Yacht Rd. TL Milford Circle on Right

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1365 LOT AREA 1.172 ac SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .25

Septic Tank: 1000 + 1500 Gallons; STB 334 Date 4/25/05

Pump Tank: 1000 Gallons; PT 283 Date 3/25/05

Pump Make: Goulds Model WE0 717 HU Serial No. E05544G7

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

No Lines 4 Trench Width 24" min 36" 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 _____

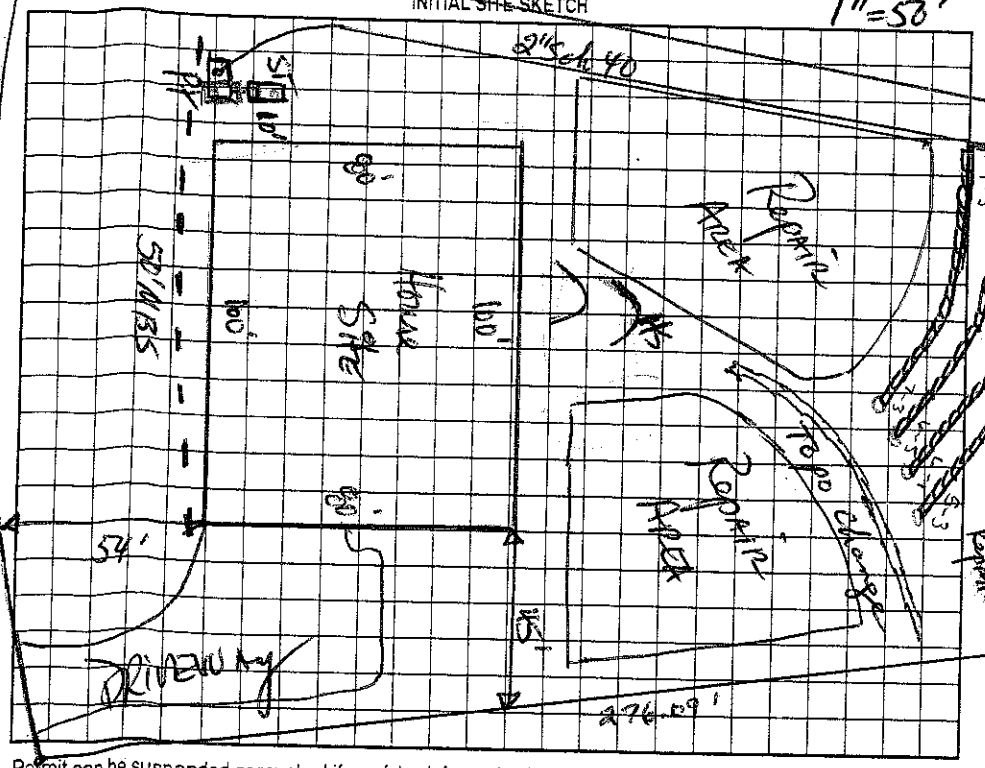
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

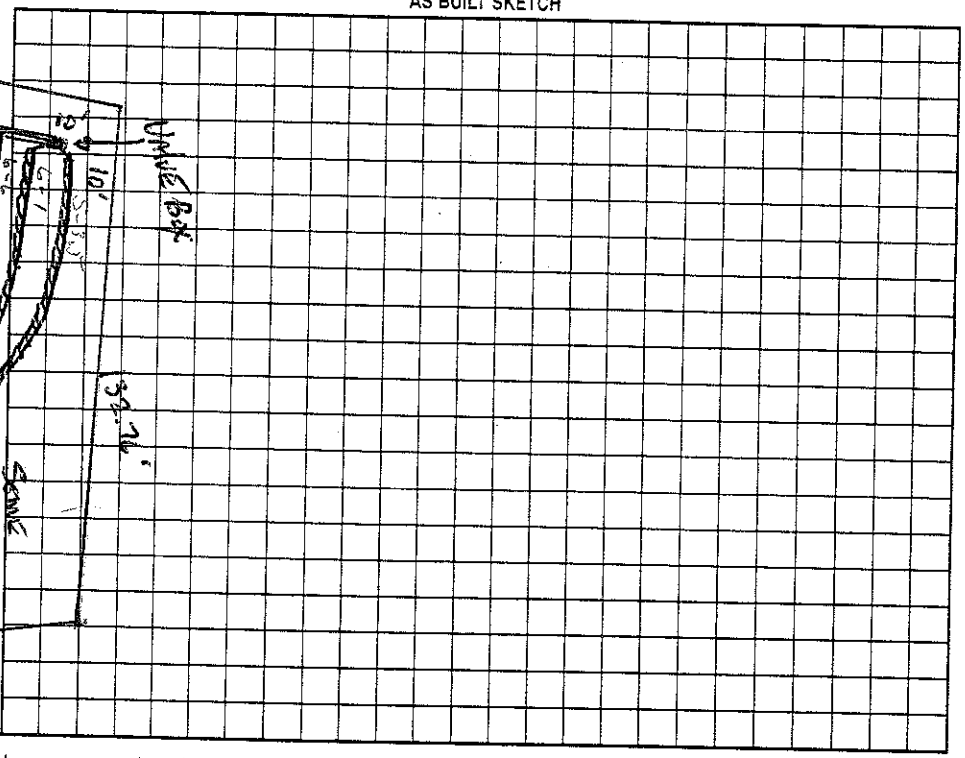
Comments:/Conditions: @ 36" max 9' oc

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



RW Milford Circle

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 Installed by: Odrison & Sons

Improvement Permit by: _____ date 6-18-04 Operation Permit by: _____ date 9/9/05

Authorization to Construct by: Wesley Sparks R.S. date 2/1/05 Existing System Inspection by: _____ date _____

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