4625975244 9/12 3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08141/115133 PIN# 4625941634 (Lt) Arcadia Homes DATE July 30, '99

OWNER OR CONTRACTOR Crescent Resources Inc. // The Point on Norman // PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION The Point Brawley Sch Rd. on Right past Brawley Harbor Road

SUBDIVISION The Point BLOCK / SECTION 5 LOT 30 LOT AREA 46,431+ SITE CLASS RS DESIGN FLOW 480gpd L.T.A.R. .25 = 36"

Septic Tank: 1000+ Gallons; STB 338 Date 2-16-04
Pump Tank: 1000 Gallons; PT 27 Date 2-13-04
Pump Make: Gould's Model ME312 Serial No. A0446 7036
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM-INNOVATIVE -25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

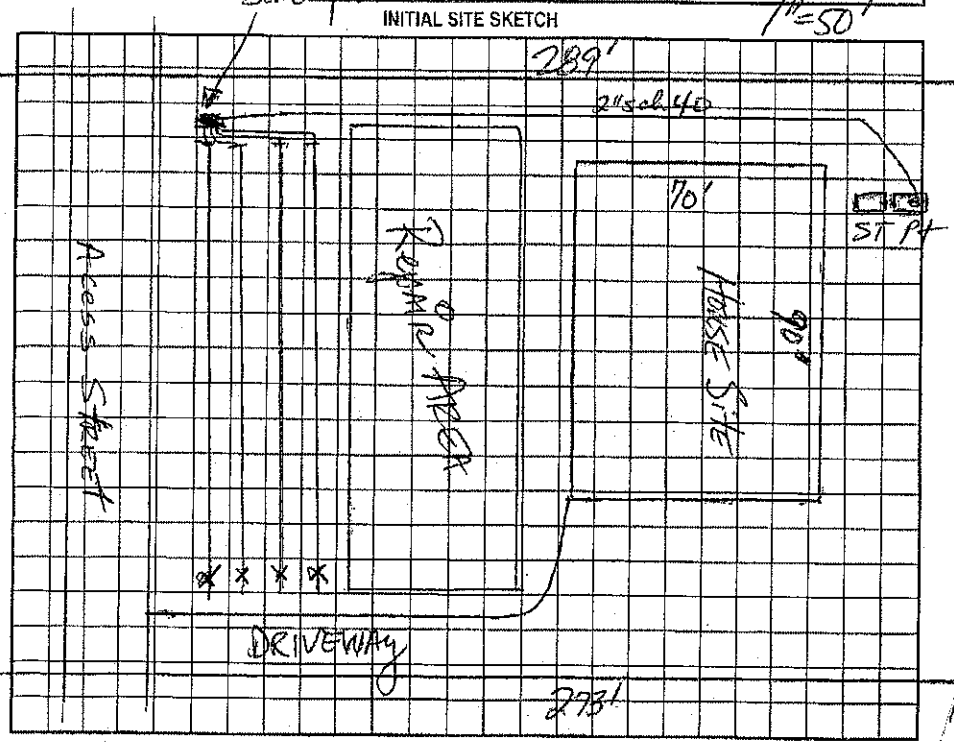
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

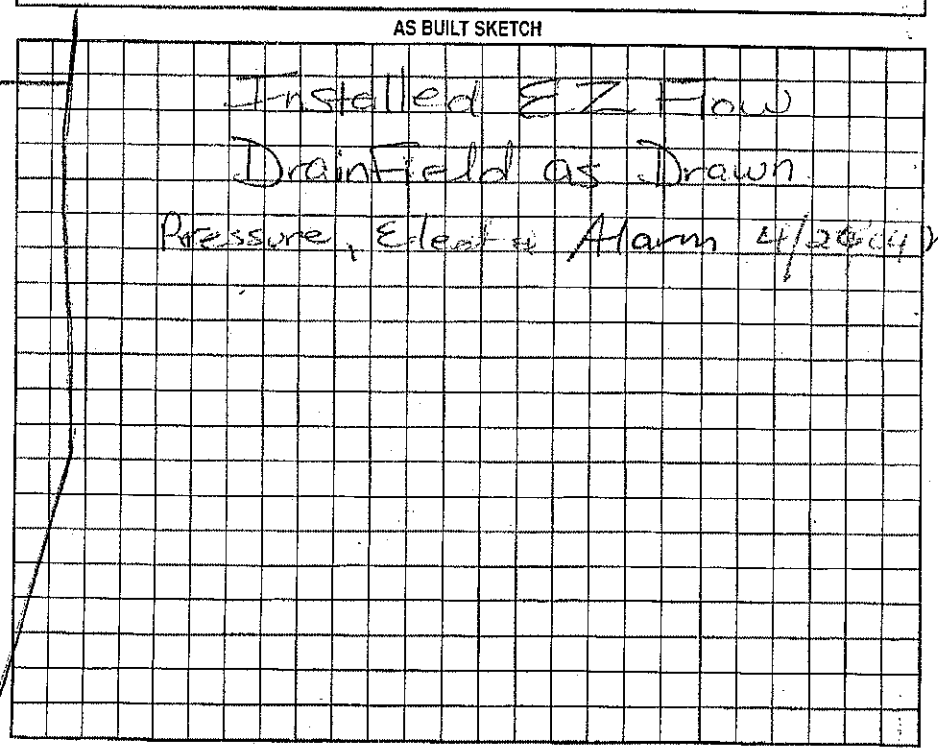
Comments/Conditions: * OCE Inspection post per Lateral.

Comments/Conditions: Checked tanks & lines 3/22/04 MD

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: _____ date 9-16-99

Improvement Permit by: _____ date 7-30-99

Authorization to Construct by: _____ date 7-18-03

Installed by: K & K

Operation Permit by: _____ date 4/26/04

Existing System Inspection by: _____ date _____

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