IREDELL COUNTY HEALTH DEPARTMENT

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

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

125 In Front House 2'30

PERMIT# 08140/12577 PIN# 4625944684 (pt.) 4625-97-5450 DATE August 3, '99

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

ADDRESS 2214 Brawley Sch Rd Mooresville

LOCATION Brawley Sch Rd. on Right just before Quaker Road

SUBDIVISION The Point BLOCK/SECTION 5 LOT 500, 500A LOT AREA 41589 ft² + SFE 500A SITE CLASS. RS SFE DESIGN FLOW 480gpd L.T.A.R. .03 .5FE 500A

Septic Tank: 1000gal Gallons; STB 338 Date 12-12-04

Pump Tank: 1000 Gallons; PT 27 Date 10-22-04

Pump Make: Myers Model ME5052 Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 4@100' 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 _____

☐ Business No. Employees _____

☐ Other _____

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

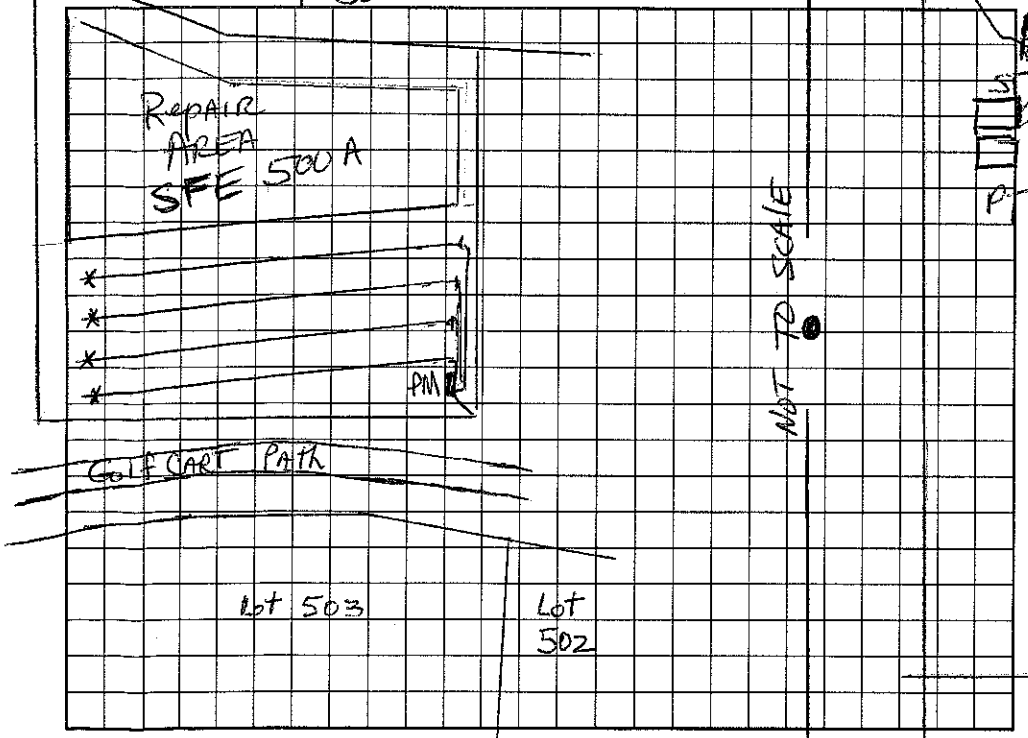
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: *ONE INSPECTION PORT PER LATERAL.

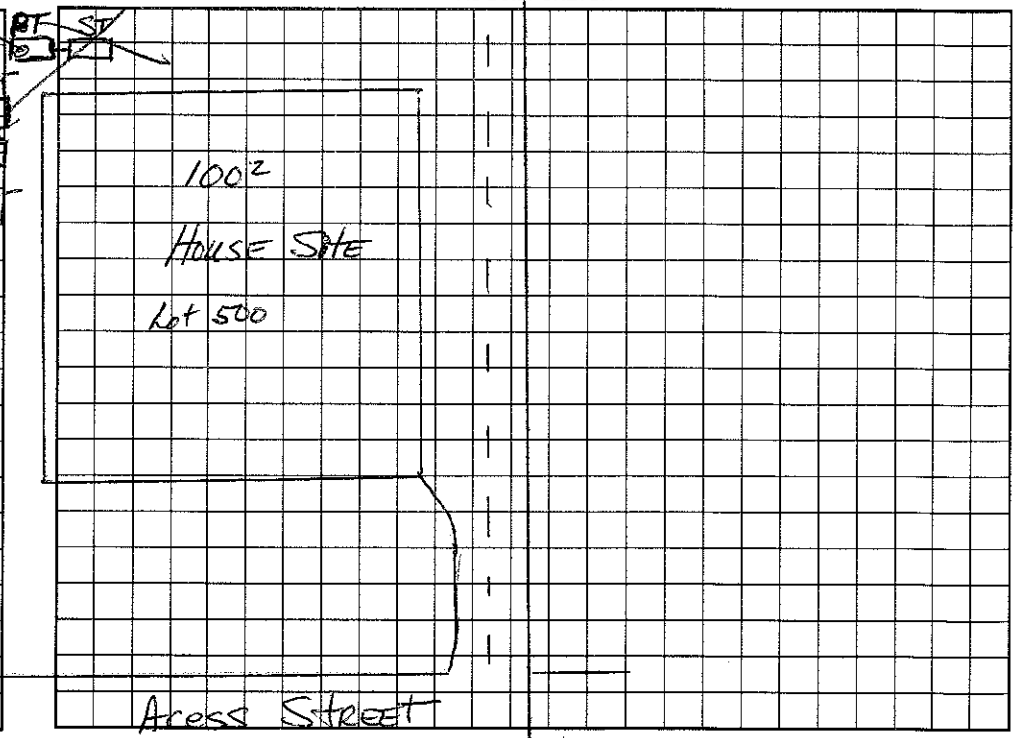
Comments/Conditions: Installed 5@80' EZ Flow lines

STORM DRAIN

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 9-30-98 Installed by: R&H RS

Improvement Permit by: _____ RS date 8-3-99 Plw Brawley Sch Rd Operation Permit by: _____ date 5/5/05

Authorization to Construct by: _____ RS date 5/25/04 Existing System Inspection by: _____ date _____

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