117995

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08137 PIN# 4625944684 (pt) 4625975732 DATE July 23, 99

OWNER OR CONTRACTOR Crescent Resources dba/ The Point on Norman/Lk M Helms PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd Mooresville

LOCATION Brawley Sch Rd. on Right past Brawley Harbor Rd.

SUBDIVISION The Point BLOCK / SECTION 5 LOT 498 LOT AREA 41,772 ft² SITE CLASS B DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: ~~1800~~ Gallons; ST 421 Date 6/23/04

Pump Tank: 1000 Gallons; PT 283 Date 6/23/04

Pump Make: Goulds Model WE0-3512 Serial No. F046S001

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

No Lines ~~5~~ 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM-INNOVATIVE-HDS 2012 HORIZ.

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth N/A

☑ 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

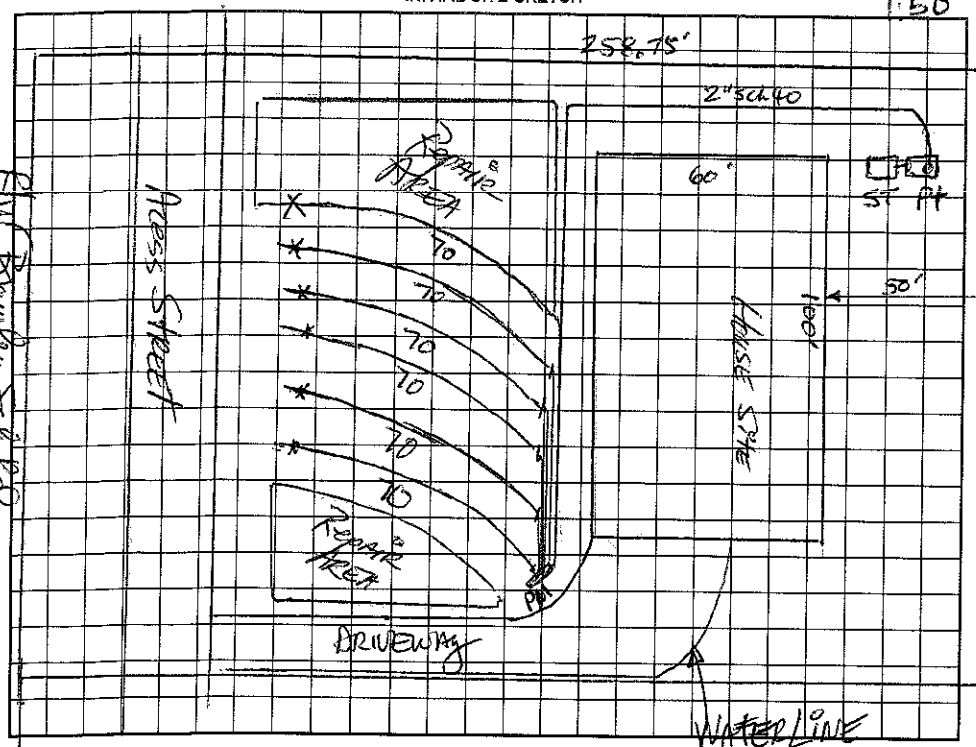
Comments/Conditions: * one inspection port per lateral.

* Note: House was supposed to be 100' from Acess St.

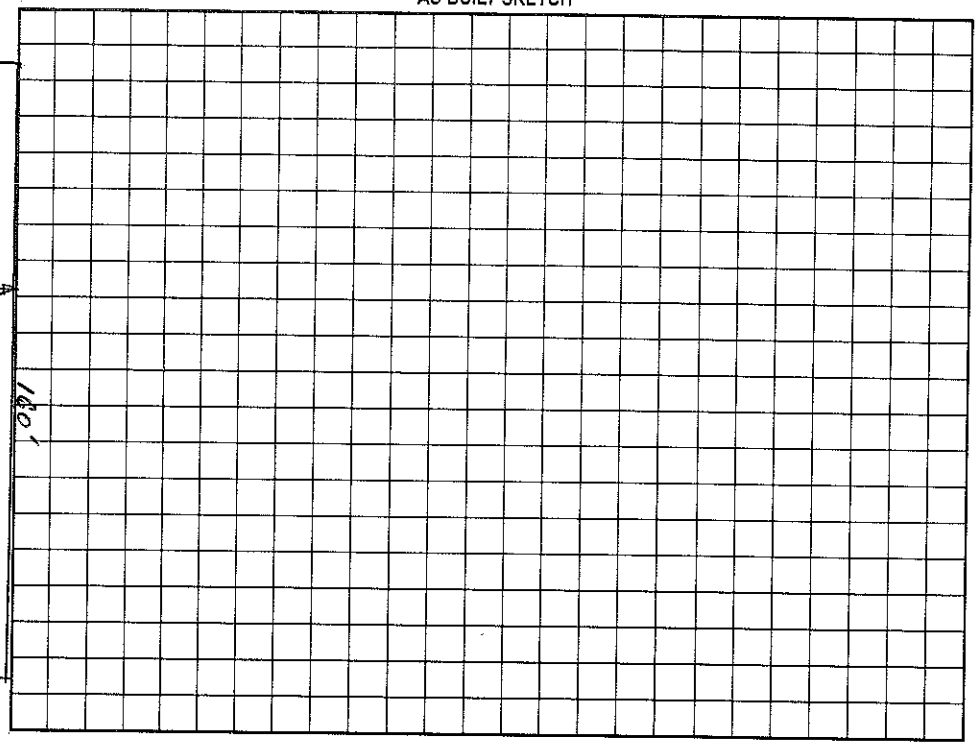
Comments/Conditions: Checked 4 of 6 lines

EZ Flow installed.

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 plan 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 8-10-99 Installed by: R&H RS

Improvement Permit by: David B. Harrison, RS date 7-23-99 Operation Permit by: Maria H. Dolson RS date 9/3/04

Authorization to Construct by: _____ RS date 12/17/03 Existing System Inspection by: _____ date _____

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