3:00

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 061062 PIN# 4625941684 (pt.) Brookshire Const. 4625-98-0657 DATE Sept-29,'99

OWNER OR CONTRACTOR Crescent Resources Inc. & The Point on Norman II PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. on Right past jct w/ Brawley Harbor Rd.

SUBDIVISION The Point BLOCK / SECTION 5 LOT 491 LOT AREA 63,843 sf SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. no 3

Septic Tank: 1000gal Gallons; STB 338 Date 7-10-00

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: GRAVITY INNOVATIVE-25% Red.

Repair System Description: pumped INNOVATIVE-25% Red

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

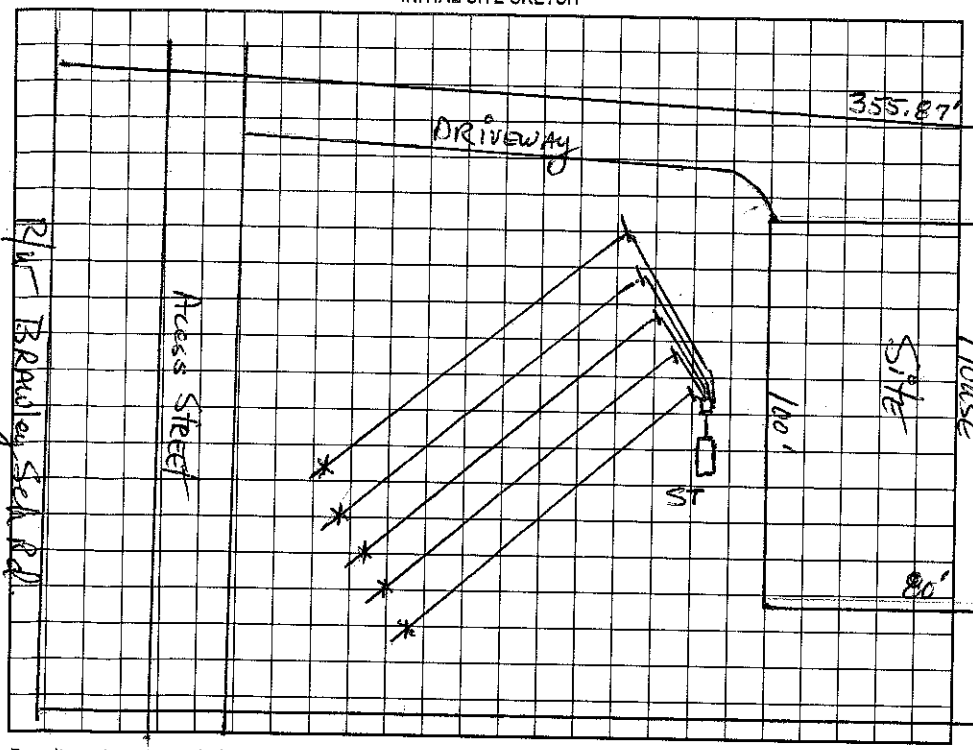
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Public~~ ☑ ~~Community~~

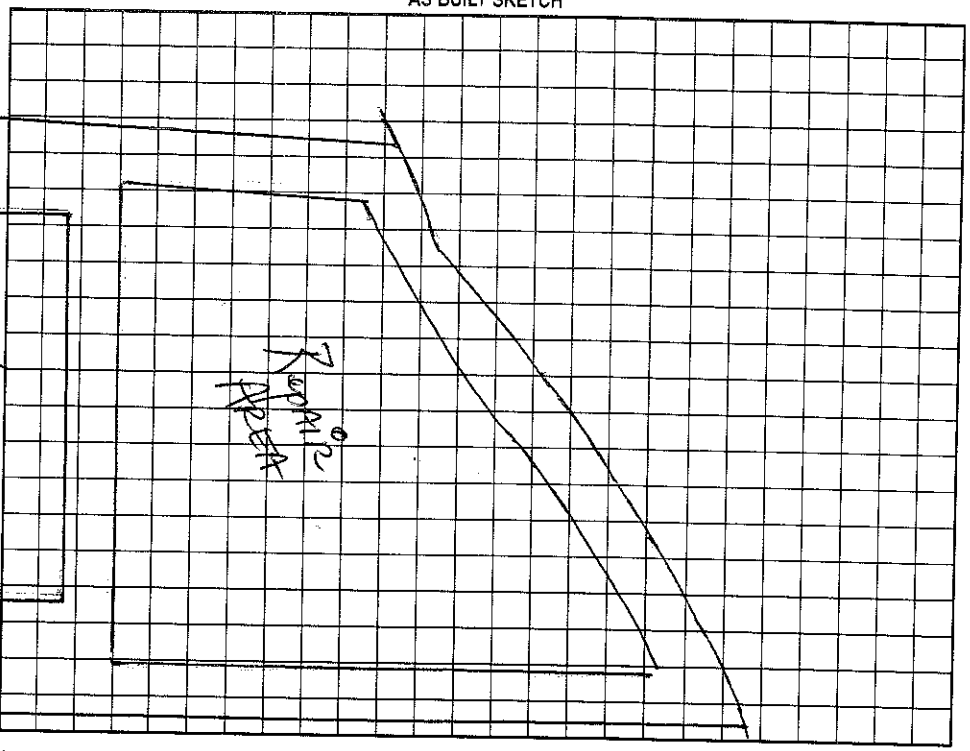
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL
3-7-2000 Reviewed house/site plan — appears in compliance w/ I.P.

Comments:/Conditions: Installed as Drawn
Inspection ports Not installed at time of inspection.

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: R.G.P. date 11-5-99

Improvement Permit by: [signature] date 9-29-99

Authorization to Construct by: [signature] date 3-7-2000

Installed by: Stanley Septic

Operation Permit by: [signature] RS date 8/30/00

Existing System Inspection by: date

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