IREDELL COUNTY HEALTH DEPARTMENT

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

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

11:00 10:35

PERMIT# 07B169 PIN# 4625842807 (pt) 4625-98-6817 DATE March 18, '99

OWNER OR CONTRACTOR Crescent Resources dba // The Point at Norman PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd Mooresville

LOCATION Brawley Sch Rd. Tr Brawley Harbor Place TR Cliff Loop TR Common Point Court

SUBDIVISION The Point BLOCK / SECTION II LOT 245 LOT AREA 42,035 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000gal Gallons; STB 335 Date 4-3-00

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth N/A

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

System Description: Gravity 25% Reduction // Innovative

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

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

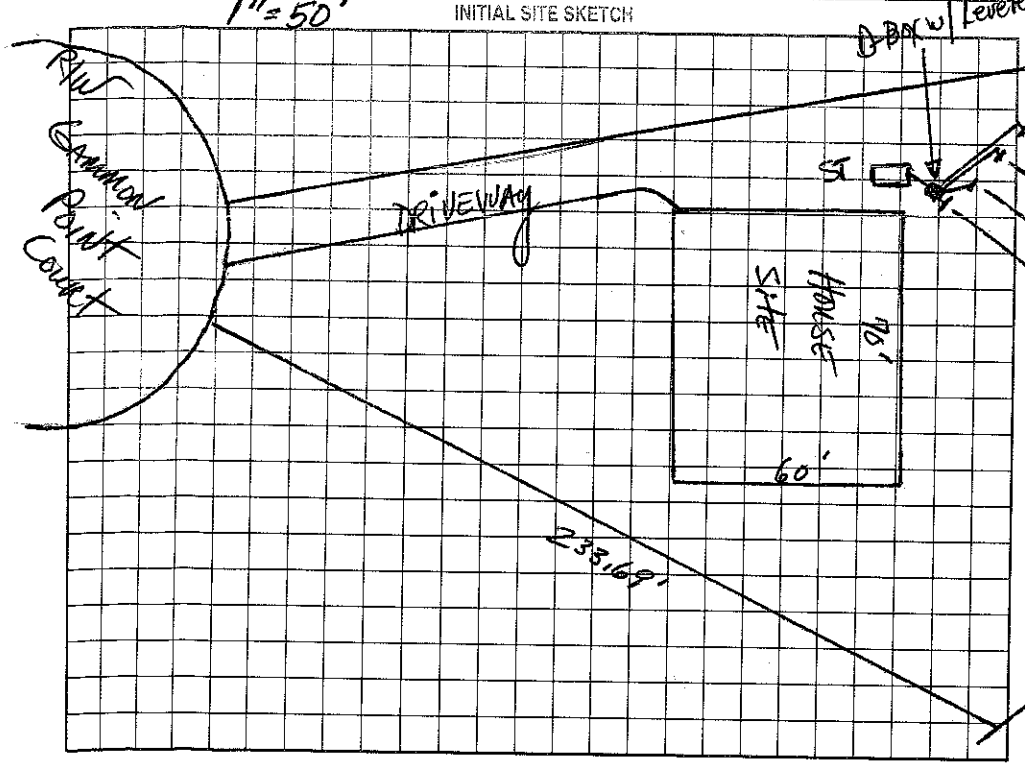
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: *ONE inspection port per lateral

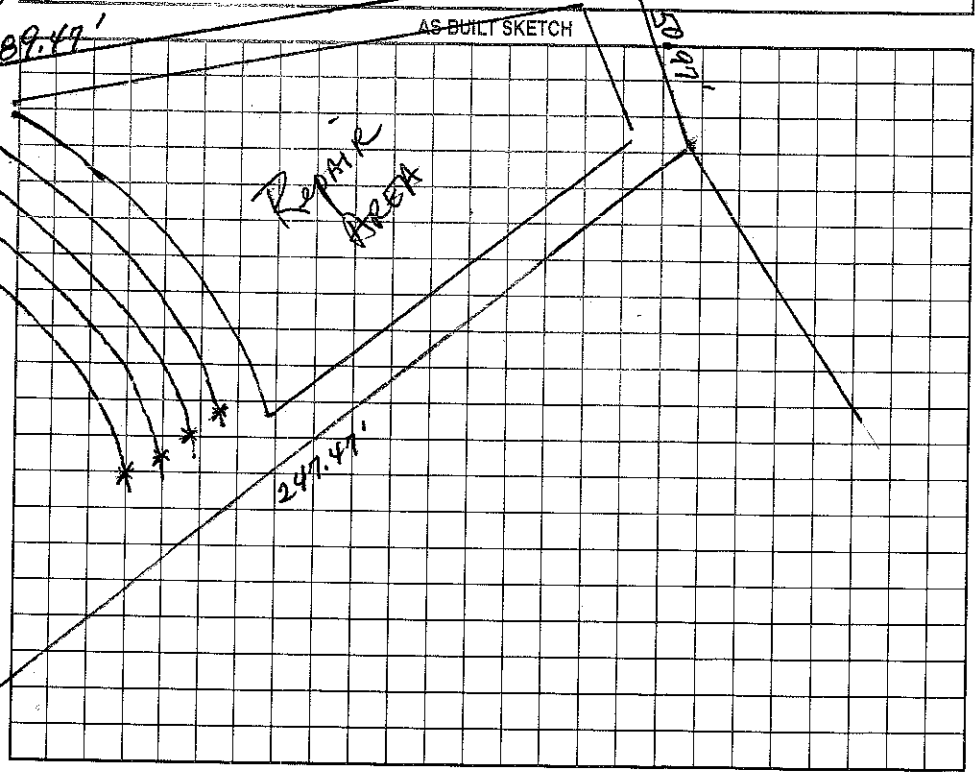
8-25-99 Reviewed house & site plan; appears substantially in compliance w/ IP.

Comments:/Conditions: Filter & riser Installer Installed as Drawn - Use EZ Lay

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 3/4/99

Improvement Permit by: _____ date 3-18-99

Authorization to Construct by: _____ date 8-25-99

Installed by: Mayhew Septic

Operation Permit by: _____ date 5/18/2000

Existing System Inspection by: _____

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