IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078154 PIN# 4625842807 (pt) GM Helms 4625987446 DATE March 15, '99

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

ADDRESS 2214 Brawley Sch. Rd. , Mooresville

LOCATION Brawley Sch Rd on left past Bay Harbour Dr.

SUBDIVISION The Point BLOCK / SECTION II LOT 234 LOT AREA 64,966ft² SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 338 Date 1-23-04

Pump Tank: 1000 Gallons; PT 27 Date 1-23-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Trench Bottom Depth 36"

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

System Description: Pumped-pw 25% Reduction / Innovative

Repair System Description: Stone or Gravel Bed

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

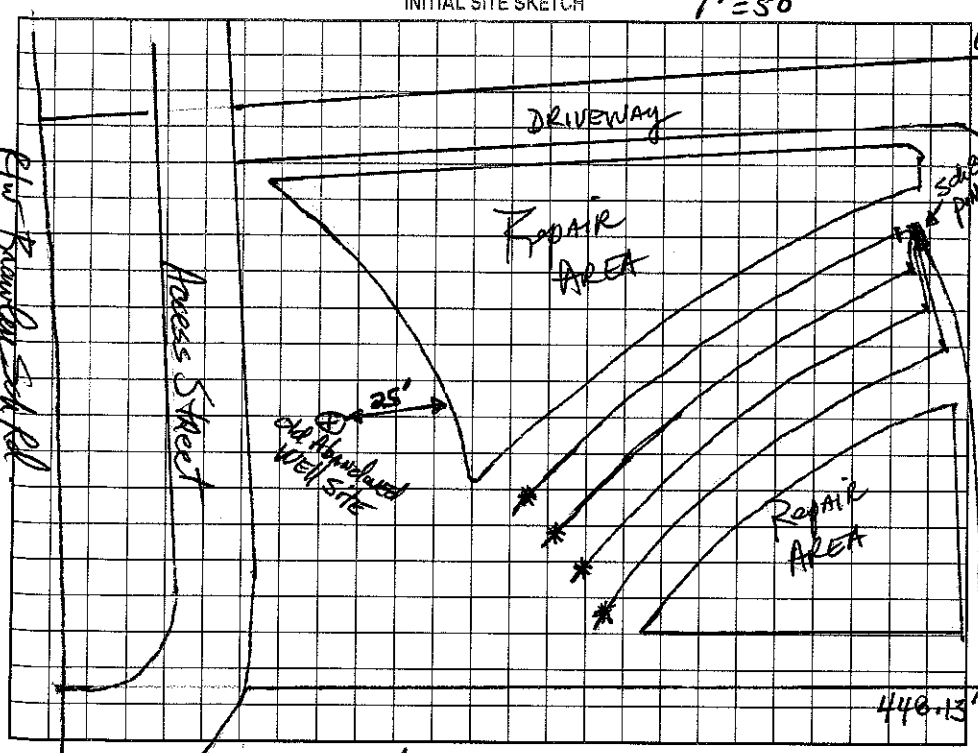
☐ Other _____

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

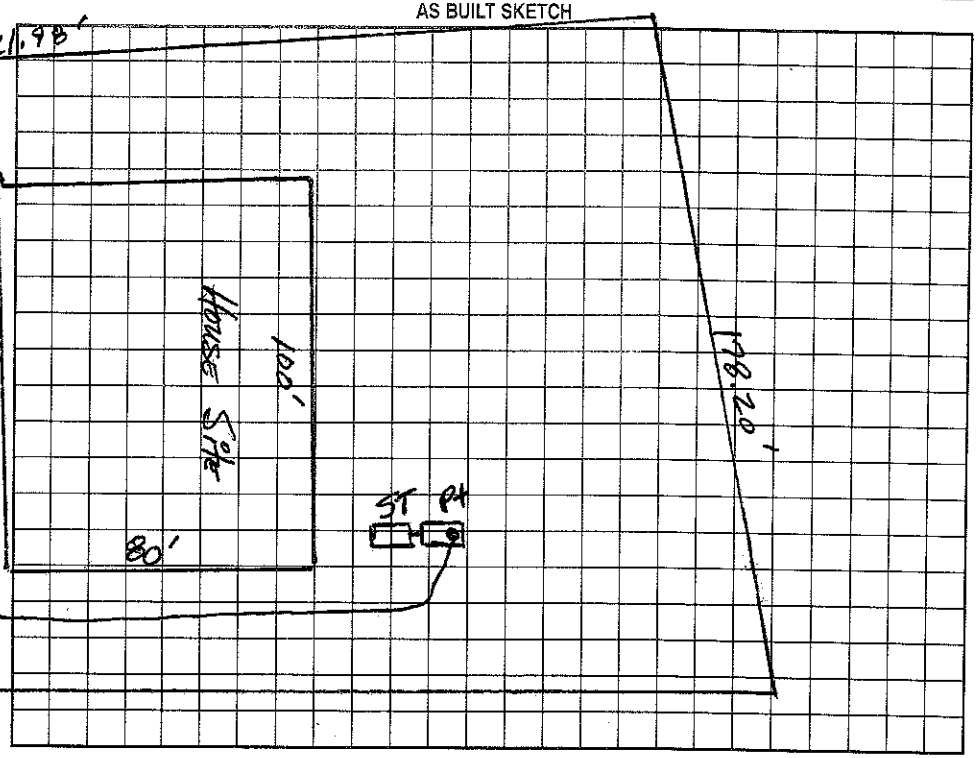
Comments/Conditions: Reviewed Building plans 7/1/03 essentially in Compliance with original permit

Comments/Conditions Checked tanks 2/25/04 MD lines checked by GM Pres, elect & alarm 7/15/04 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 3/24/99

Improvement Permit by: _____ RS date 3-15-99

Authorization to Construct by: _____ RS date 7/1/03

Installed by: R & H R.S.

Operation Permit by: _____ date 7/15/04

Existing System Inspection by: _____ date _____

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