10.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078161 PIN# 4625842807 (pt.) Hughes Hamaluk & Zanola 4625-99-0243 DATE March 18, 99

OWNER OR CONTRACTOR Crescent Resources clo // The Point on Norman PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. , Mooresville 108 Brawley Harbor Place

LOCATION Brawley Sch Rd. on left at pt w/ Brawley Harbor Place

SUBDIVISION The Point BLOCK / SECTION II LOT 241 LOT AREA 55757 SF SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000f Gallons; STB 338 Date 11/19/2000

Pump Tank: 1000 Gallons; PT Date 3/2/2000

Pump Make: Meyers Model ME3215 Serial No. 12/20100

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

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pumped gm-25% Red // Innovative

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

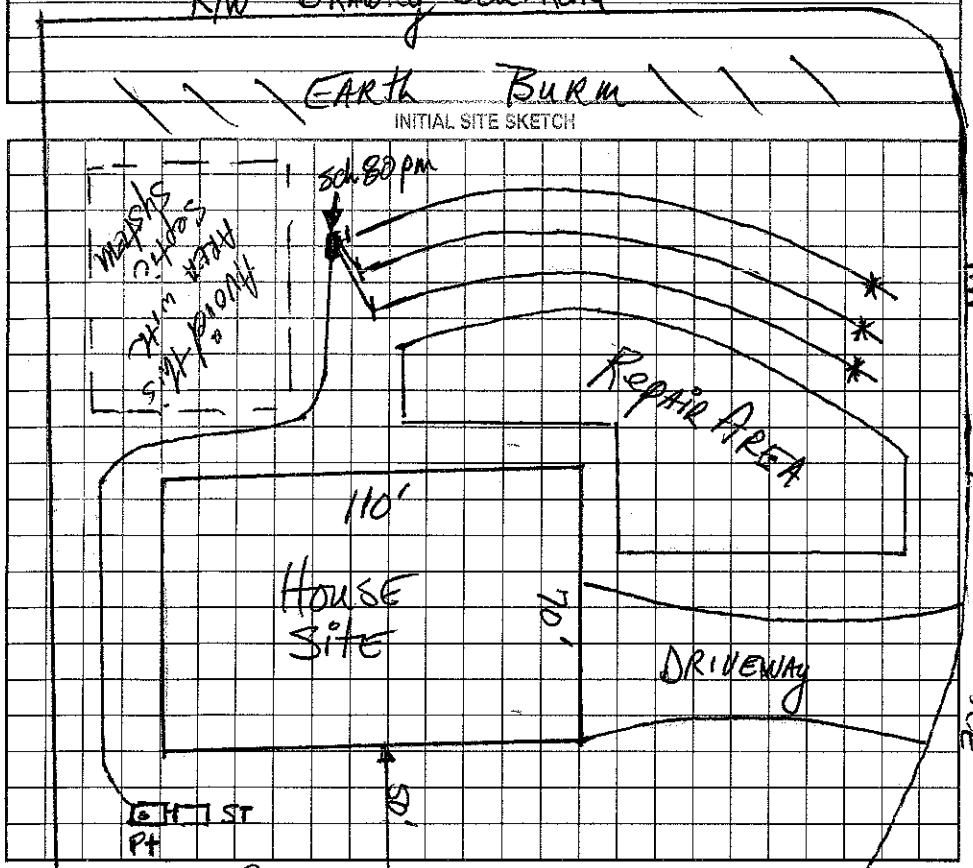
☐ Other ____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: R/W Brawley Sch. Road

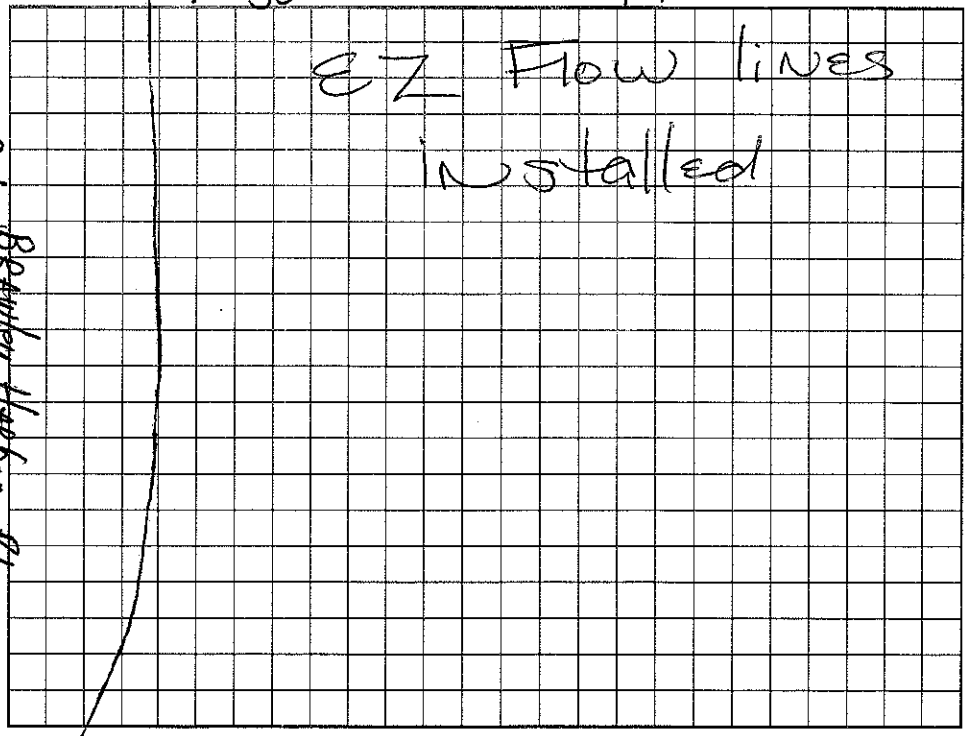
INITIAL SITE SKETCH



Comments:/Conditions: 8-29-00 Reviewed plans & site plan; appears substantially in compliance w/ IP Drft

Lines = 50, Inspected 11/2/2000

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 Installed by: Bob Mayhew

Improvement Permit by: _____ date 3-18-99 Operation Permit by: _____ date 3/23/00

Authorization to Construct by: _____ date 8-29-00 Existing System Inspection by: _____ date _____

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