IREDELL COUNTY HEALTH DEPARTMENT

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

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

David Dobbs

PERMIT# 078168 PIN# 4625842807 (Lot) David Dobbs Custom Homes 4625-99-5005 DATE March 18, '99

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

ADDRESS 2214 Brawley Sch Rd., Mooresville

LOCATION Brawley Sch Rd. TR Brawley Harbor Place TR Cliff Lance TR Gannon Pt. Ct. on right

SUBDIVISION The Point BLOCK / SECTION II LOT 244 LOT AREA 41,038 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. 0.25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 3/25/00

Pump Tank: 1000 Gallons; PT 27 Date 3/5/00

Pump Make: MYERS Model ME-50521 Serial No. 12/99

Nitrification Field: No. Fields 1 Square Feet 975 Linear Feet 325

No. Lines 5@65' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP Panel Block

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

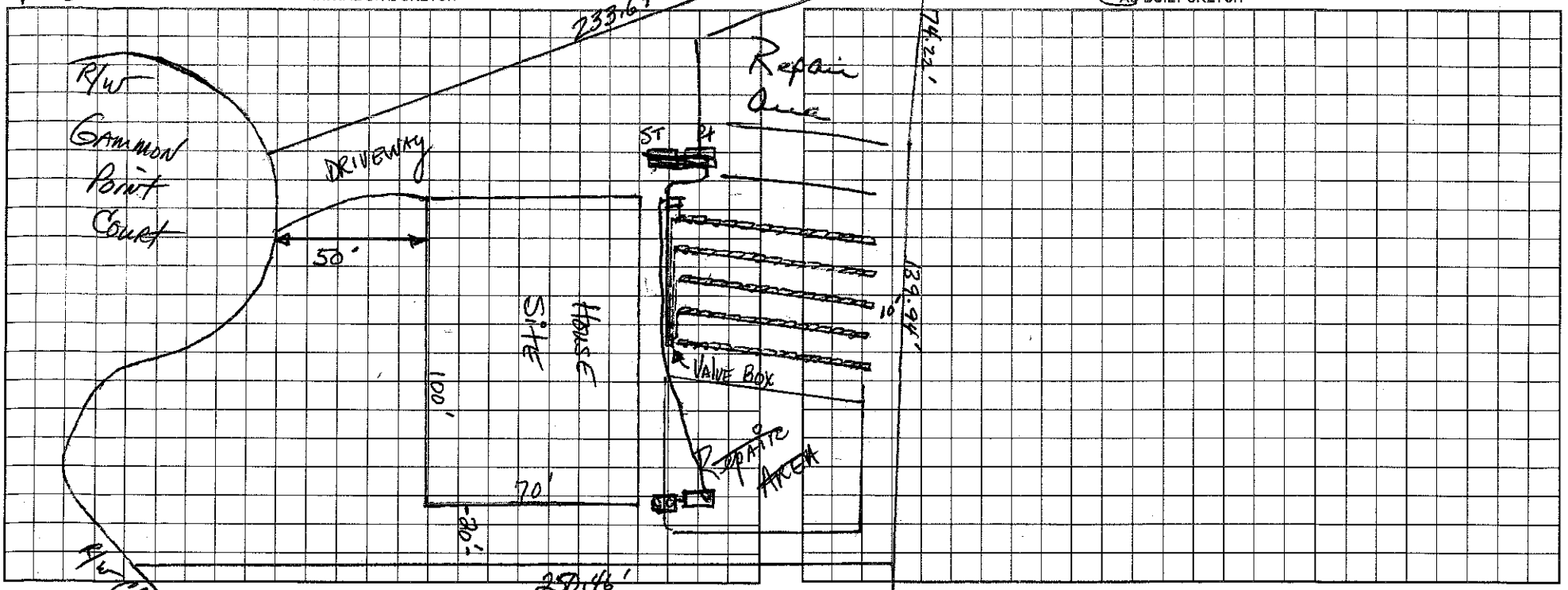
Comments/Conditions: Anti-syphon hole required in pump tank

8-26-99 Revised house & site plan, appears in compliance w/ IP RPI

Comments/Conditions: House plumbed out in wrong place. One of tank lids bent in, needs to be fixed. Need to do better job caulking.

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 3/24/99

Improvement Permit by: _____, RS date 3-18-99

Authorization to Construct by: _____, RS date 8-26-99

Installed by: Dobson Const

Operation Permit by: _____, RS date 10/16/2000

Existing System Inspection by: _____ date _____

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