IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078171 PIN# ~~4625842807 (pt)~~ LAKE NORMAN Signature Homes 4625-99-7078 DATE March 18, '99

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

ADDRESS 2214 Brawley Sch Rd. Mooresville 316 Williamson Rd. Mooresville

LOCATION Brawley Sch Rd. TL Brawley Harbor Place TR Cliff Loop on Right at jct w/ Gammon Point Court

SUBDIVISION The Point BLOCK / SECTION II LOT 247 LOT AREA 40,817 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .025

Septic Tank: 1800+ Gallons; STB 338 Date 3/19/01
Pump Tank: 1000 Gallons; PT 317 Date 3/18/01
Pump Make: GOULDS Model WE0312MU Serial No D001.0064
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 3' 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

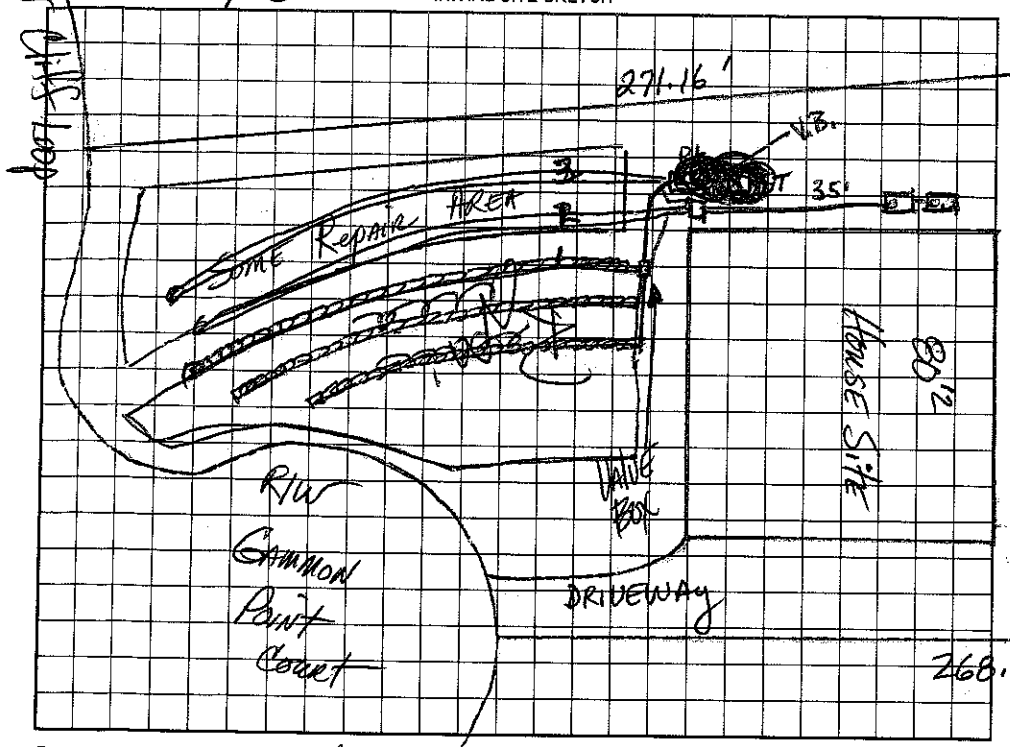
Water Supply: ☐ Individual ☑ Public ☐ ~~Community~~

Comments:/Conditions:
11-16-00 Reviewed site & floor plan - Shift driveway to Right; Otherwise everything appears in compliance w/ I.P.

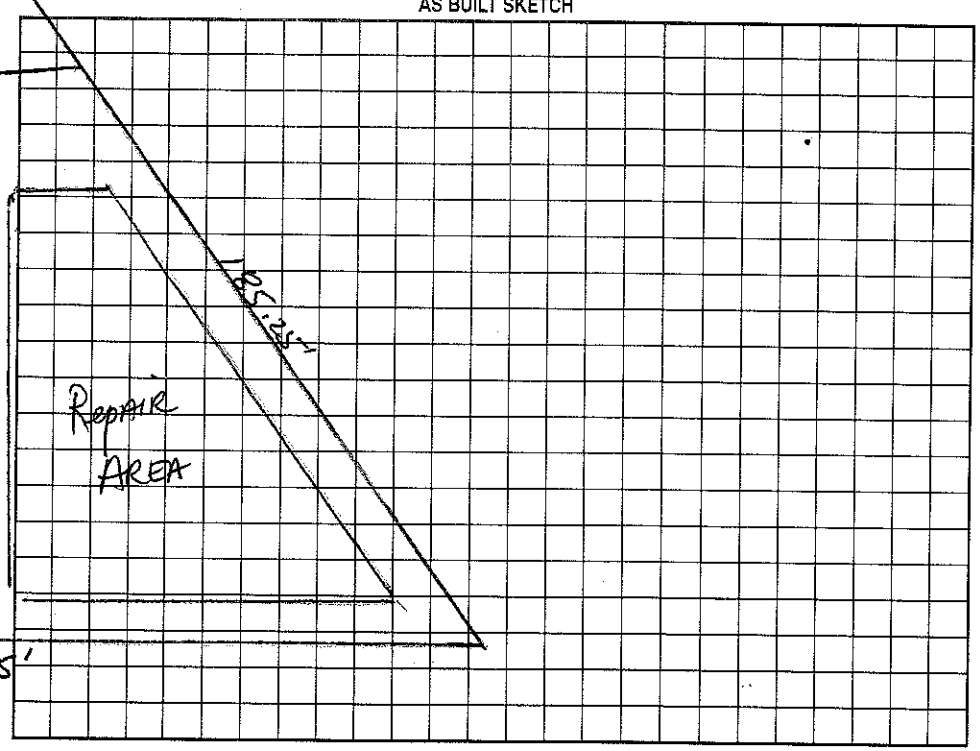
Comments:/Conditions: Drainfield shifted down slope

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 Installed by: HALLMAN CONSTRUCTION

Improvement Permit by: _____, RS date 3-18-99 Operation Permit by: _____, RS. date 5/17/01

Authorization to Construct by: _____, RS date 11-16-00 Existing System Inspection by: _____ date _____

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