IREDELL COUNTY HEALTH DEPARTMENT

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

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

0/25 135

PERMIT# 07B673 PIN# 4625941684 (pt) 4626-80-4950 DATE June 9, '99

OWNER OR CONTRACTOR Crescent Resources Inc // The Point on Norman // Lakeland Luxury

PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd TL Great Point Drive TL Wild Harbor Road TL Coral Bells Ct

SUBDIVISION The Point BLOCK / SECTION III LOT 365 LOT AREA 35,500 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .025 / .36"

Septic Tank: 1000+ Gallons; STB 338 Date 3/11/01
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 2 Square Feet 1440 Linear Feet 480
No Lines 6@80' Trench Width 36" Trench Bottom Depth 48" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity Innovative - 25% Red
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Bathrooms 4 No. Employees ______

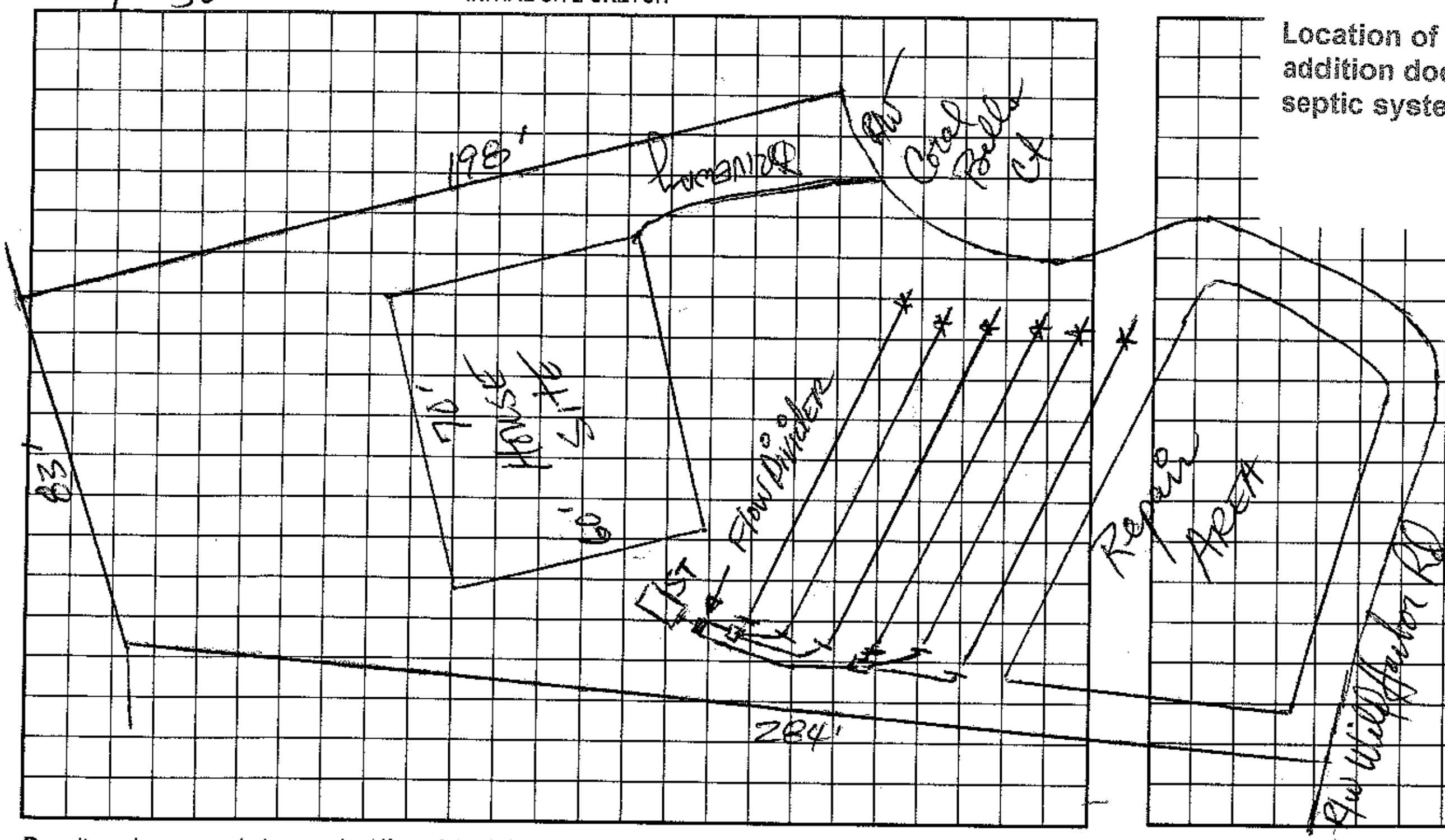
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Installer note trench bottom depth. Do not backfill laterals with compacted material. *One inspection port per lateral.

Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Location of the proposed Porch / Deck addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 2-13-11

ICHD-Environmental Health Division

See Attached

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 6-9-99

Improvement Permit by: ______ date 6-9-99

Authorization to Construct by: ______ date 12-4-00

Installed by: C. Wayne Orbison

Operation Permit by: ______ RSI date 5/15/01

Existing System Inspection by: ______ date ______

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