IREDELL COUNTY HEALTH DEPARTMENT

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

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

125 ~~$250~~ 11:00

PERMIT# 078723 PIN# 4627944684 (pt.) Arcadia Homes 4626-80-6624 DATE May 7, '99

OWNER OR CONTRACTOR Crescent Resources Dev. / The Point on Norman PHONE: Business 660-1185 Home

ADDRESS 2214 Crawley Sch. Rd. Mooresville

LOCATION Crawley Sch. Rd. to Great Point Drive on left in White Crest Ct.

SUBDIVISION ~~The~~ Point BLOCK / SECTION III LOT 374 LOT AREA 39,765 Ft² SITE CLASS. PS DESIGN FLOW 400gpd L.T.A.R. 2.025

Septic Tank: 1000+ Gallons; STB 338 Date 11-19-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1560 Linear Feet 520

No Lines 4@130' Trench Width 36" Trench Bottom Depth 48" Gravel Depth _____

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

System Description: Gravity Innovative -25% Red.

Repair System Description: LP Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

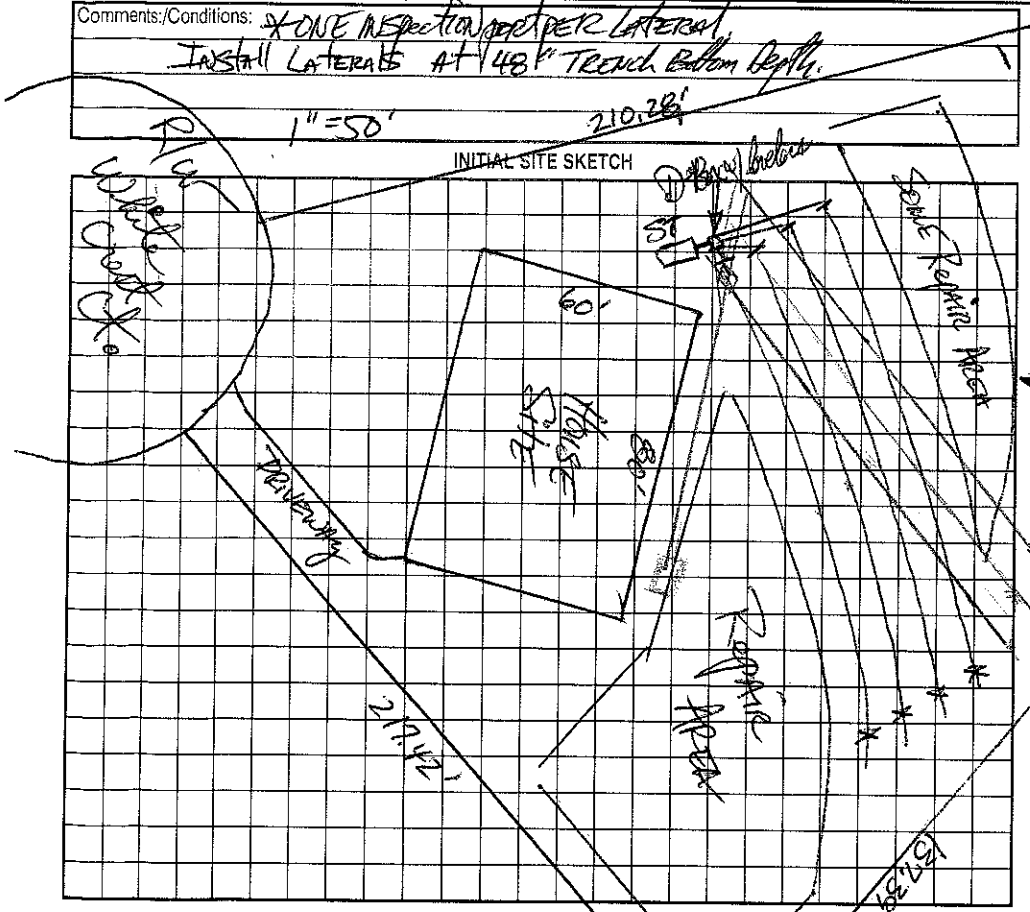
☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ~~X~~ ONE INSPECTION PORT PER LATERAL, INSTALL LATERALS AT 48" TRENCH Bottom Depth.

INITIAL SITE SKETCH

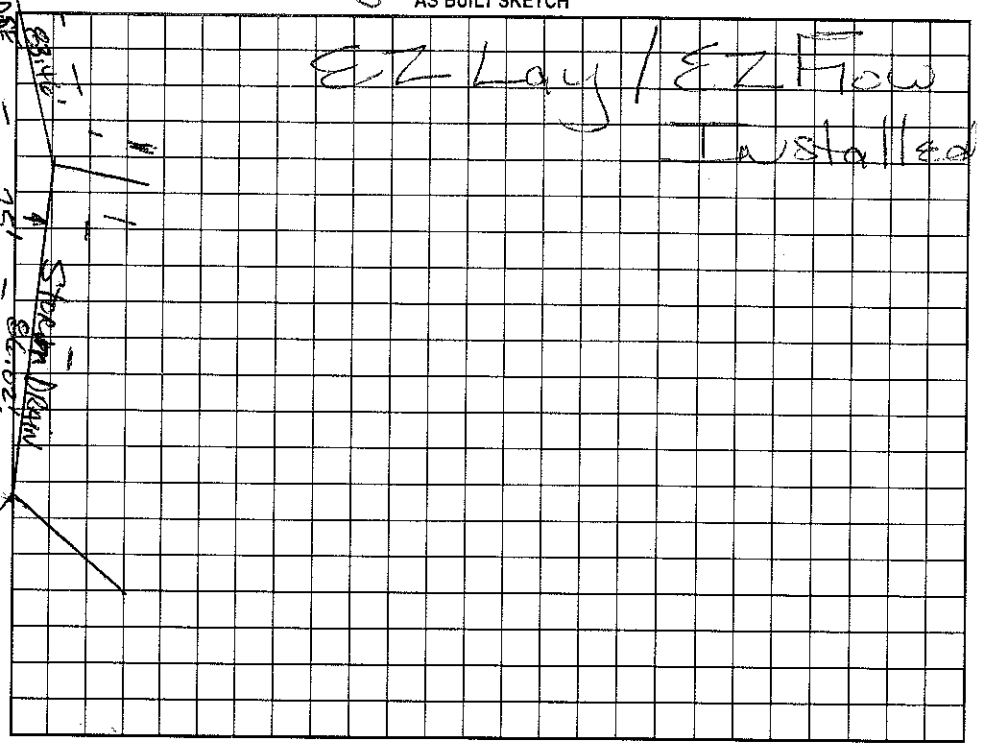


Comments:/Conditions: 9-20-00 Reviewed house & site plan; appears in compliance w/ IP. DPH

Riser & filter installed

2003 - Swimming pool added

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 5-14-99 Installed by: R & H

Improvement Permit by: _____ date 5-7-99 Operation Permit by: _____ date 1/25/2

Authorization to Construct by: _____ date 9-20-00 Existing System Inspection by: _____ date _____

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