IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078354 PIN# 4626-80-8166 DATE March 8, 2000

OWNER OR CONTRACTOR Crescent Resources Inc / David Dibble Custom Homes PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TL Great Point Dr. 4th Lot on Right

SUBDIVISION The Point BLOCK / SECTION III LOT 275 LOT AREA 36,217 ft² SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. ~ .025

Septic Tank: 1500 Gallons; STB 338 Date 7/14/00

Pump Tank: 1500 Gallons; PT 338 Date 7/14/00

Pump Make: MYERS Model ME 505-21 Serial No. 4 of 8

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

Gravel Depth N/A

☐ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: This replaces permit issued 5-3-99

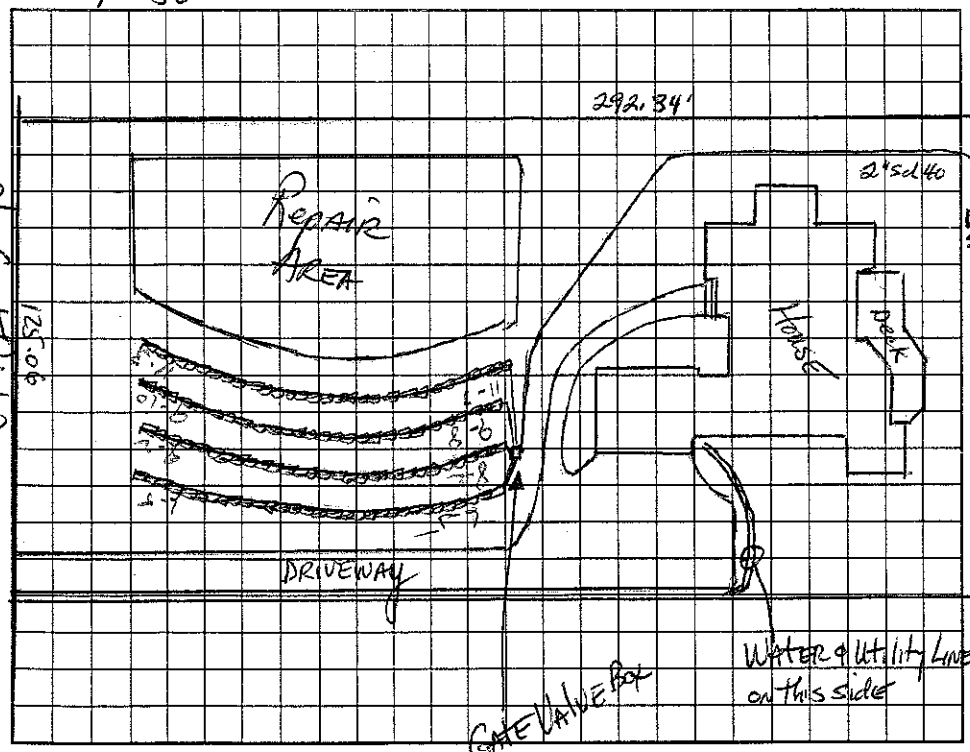
Comments:/Conditions:

ZABER - ST

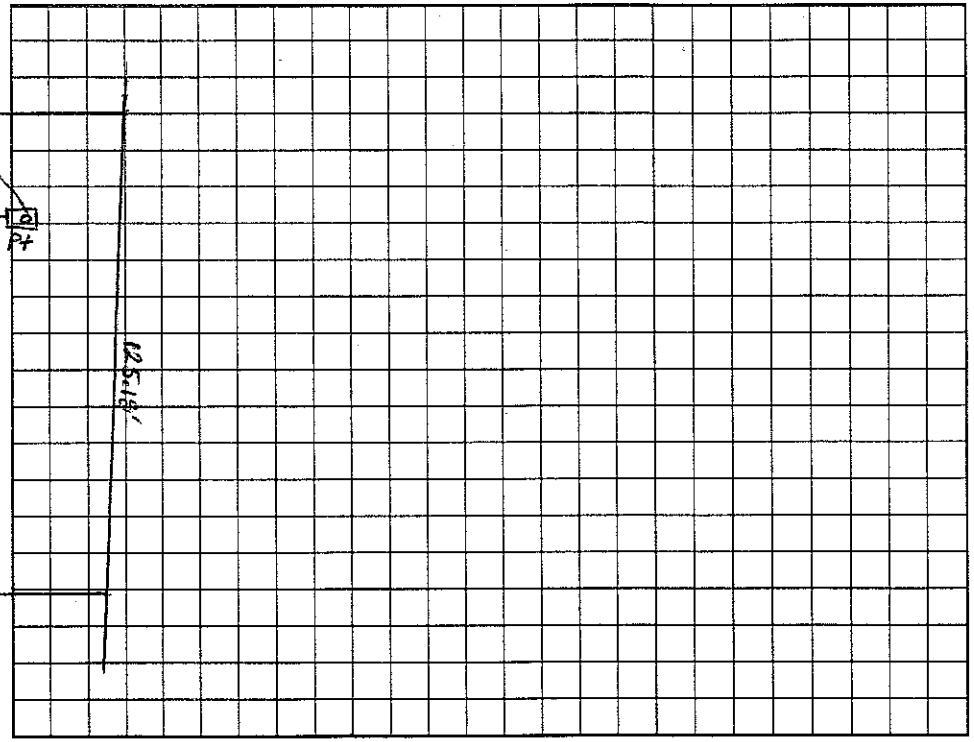
SINTER - ON SUPPLY LINE

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: [signature] date 3/13/00 Installed by: Atkinson Const Co.

Improvement Permit by: [signature] date 3-8-2000 Operation Permit by: [signature] date 3/19/01

Authorization to Construct by: [signature] date 3-8-2000 Existing System Inspection by: date

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