IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $175 MOORESVILLE 704-664-5281

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

PERMIT# 01664 / 117931 PIN# 4625946894 (pt.) Lake Norman 4628-82-6133 DATE June 8, '99

OWNER OR CONTRACTOR Crescent Resources, Inc / The Point on Norman Signature PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville Home

LOCATION Brawley Sch Rd. TL Great Point Dr. TL Wild Harbor Rd. on left NEAR jct w/ Atlantic Way

SUBDIVISION The Point BLOCK / SECTION III LOT 350 LOT AREA 34,202 SF SITE CLASS. 15 DESIGN FLOW 480 gpd L.T.A.R. 0.25

Septic Tank: ~~1000~~ 1500 Gallons; STB ~~330~~ 336 Date 4/3/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Innovative 25% Reduction

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

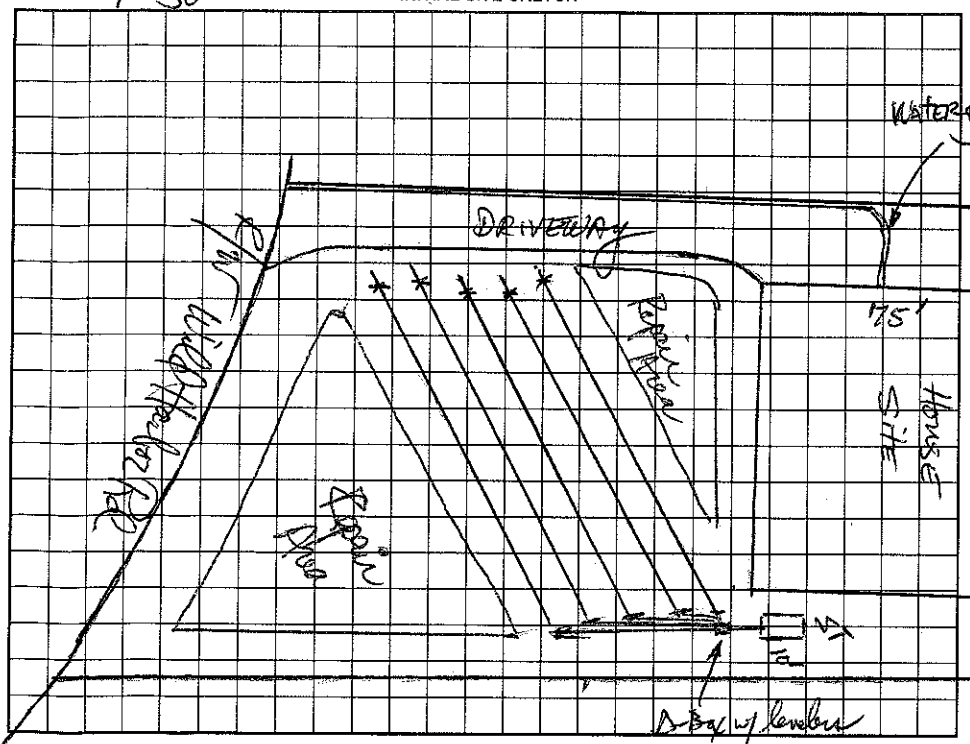
Water Supply: ☐ Individual ~~☐ Public~~ ☐ Community

Comments:/Conditions: *ONE INSPECTION/PORT PER LATERAL
Reviewed Site plans & building plans, essentially in compliance with I.P.

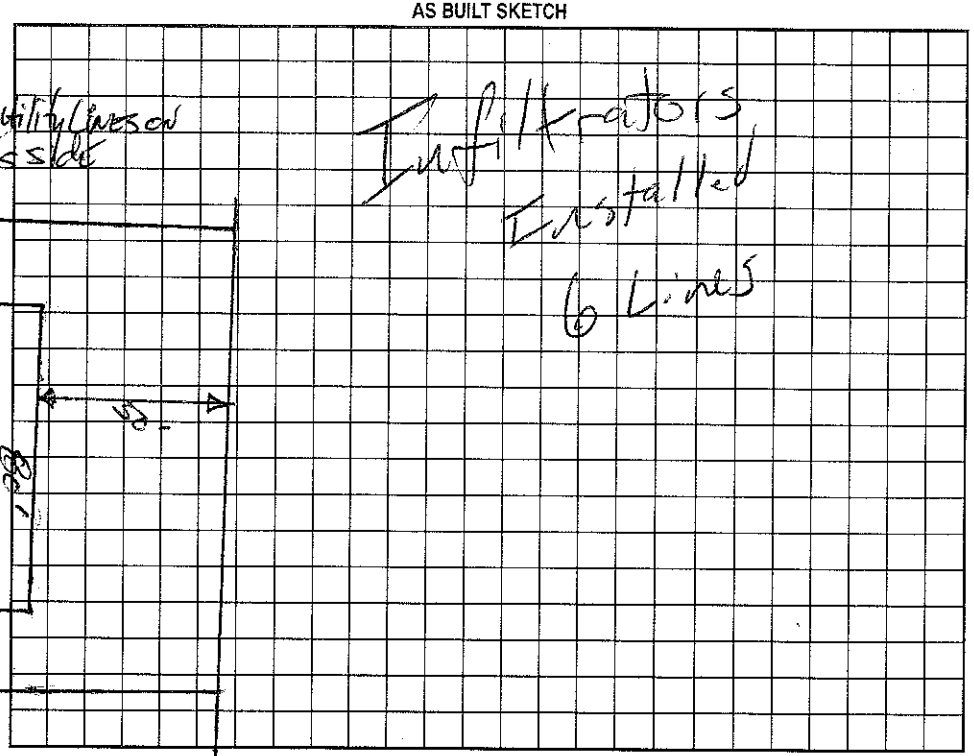
Comments:/Conditions:

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 6-9-99

Improvement Permit by: _____ RS date 6-8-99

Authorization to Construct by: _____ RS date 12/16/03

Installed by: Pen Warden Const.

Operation Permit by: _____ RS date 5/14/04

Existing System Inspection by: _____ date _____

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