IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~07852~~ 117245 PIN# 4625946684 (pt.) 4626-90-2729 DATE May 12, '99

OWNER OR CONTRACTOR Crescent Resources/Inc. // The Point at Norman LLC PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd T Guest Point Drive T Wild Harbor Road on Right

SUBDIVISION The Point BLOCK / SECTION II LOT 292 LOT AREA 43,488 ft² SITE CLASS. 45 DESIGN FLOW 480gpd L.T.A.R. w. 25

Septic Tank: 1000+ Gallons; STB 338 Date 3/19/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 26" Gravel Depth NA

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

System Description: GRAVITY INNOVATIVE-25BRed.

Repair System Description: LP INNOVATIVE / PANEL Block

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

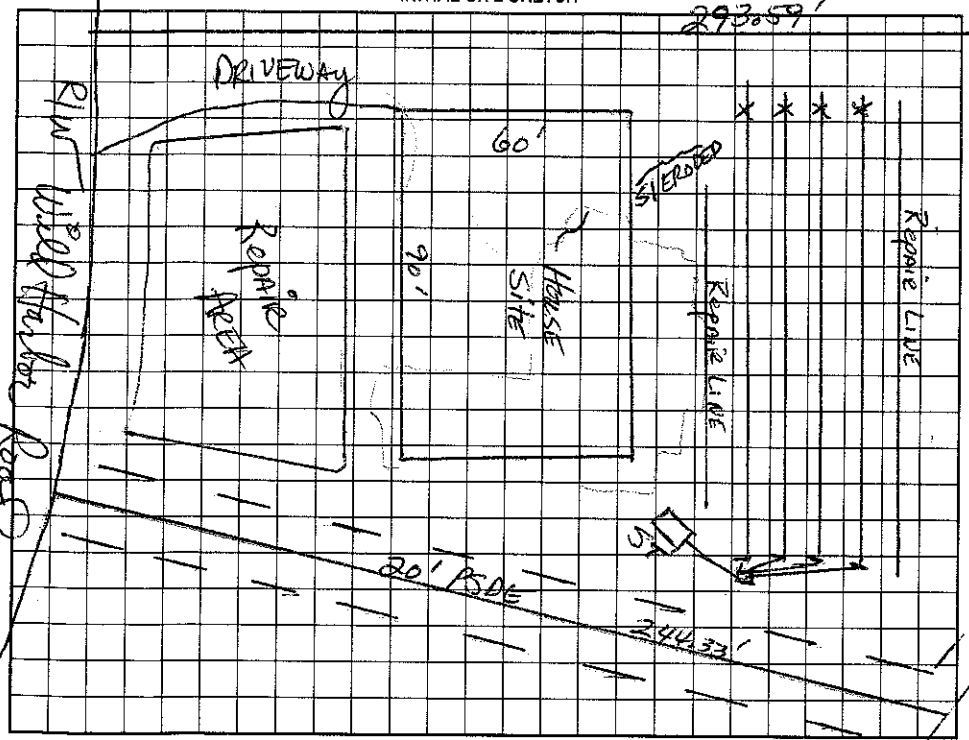
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions: * ONE Inspection port per Lateral.

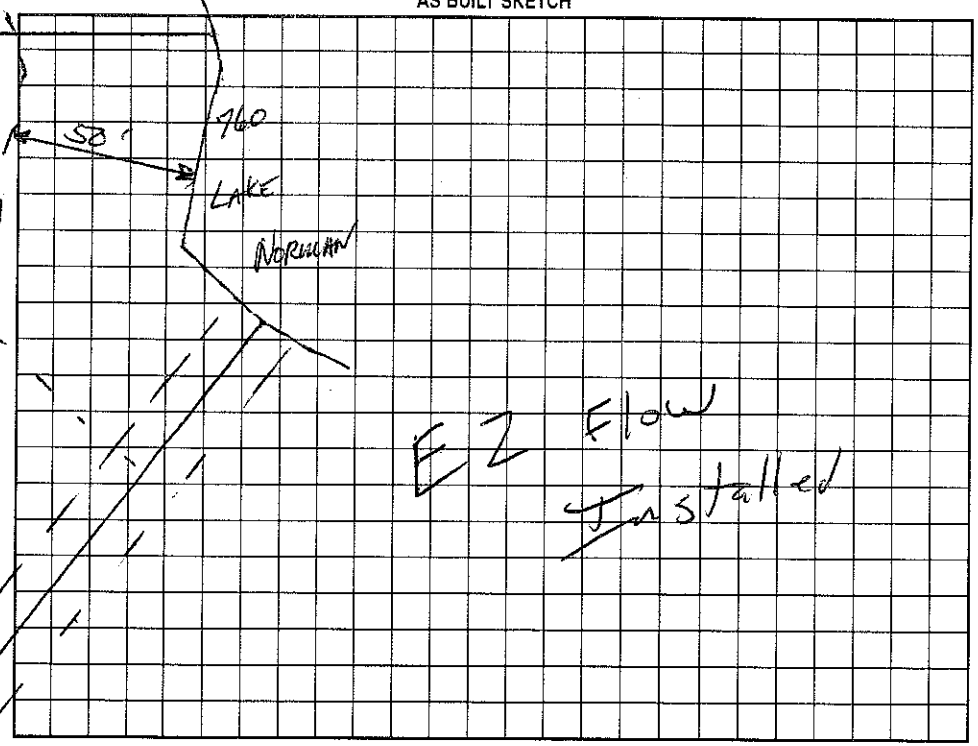
1"=50'

Comments:/Conditions:

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 5-14-99 Installed by: Orbison

Improvement Permit by: _____ date 5-12-99 Operation Permit by: _____ date 4/29/04

Authorization to Construct by: _____ date 11/14/03 Existing System Inspection by: _____ date _____

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