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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07B359 PIN# 4625944684 (pt.) 4626-90-5377 DATE May 4, '99

OWNER OR CONTRACTOR Crescent Resources Attn: The Point at Mecklenburg PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TL Great Point Drive TL Whaling Lane on left - corner lot

SUBDIVISION The Point BLOCK / SECTION III LOT 293 LOT AREA 37,560 ft² SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1500+ Gallons; STB 338 Date 2/31/00
Pump Tank: 1000 Gallons; PT 283 Date 3/11/00
Pump Make: MYERS Model ME50S2H Serial No. 1100
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@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: PM - INNOVATIVE - 25% Red.
Repair System Description: PM-LP-INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

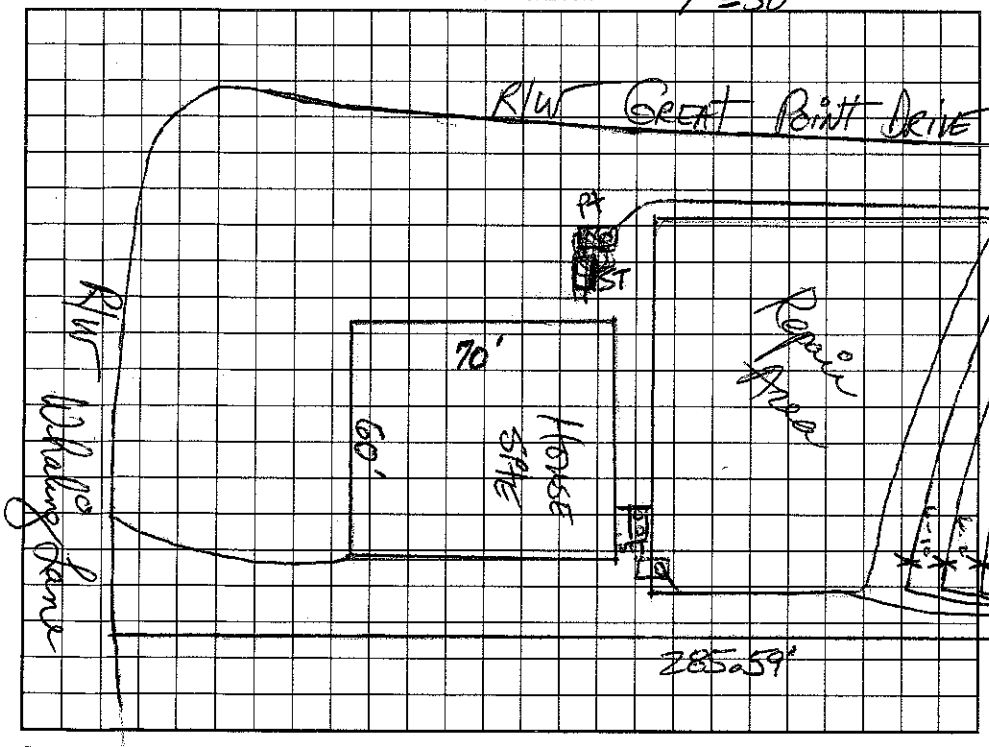
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

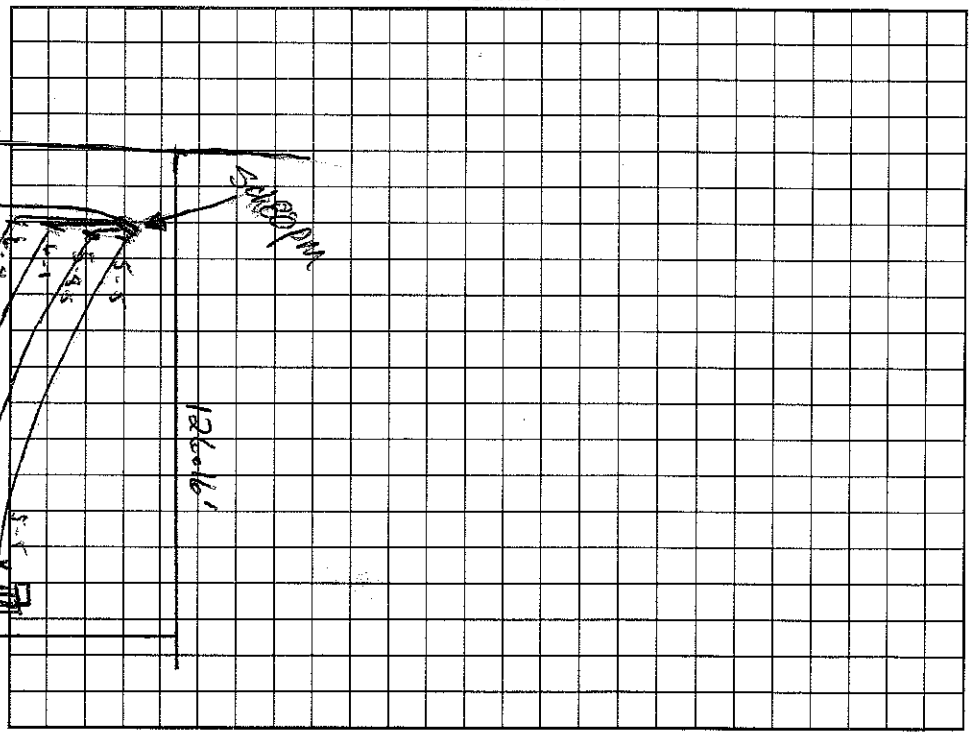
Comments:/Conditions: * ONE inspection/ port per Caterpillar
9-16-99 Reviewed house plan - appears in compliance w/ IP. Ch. Plastic installed
Builder to locate house where shown ~~PRL~~

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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 5-4-99 Operation Permit by: _____ date 8/22/00

Authorization to Construct by: _____ date 9-16-99 Existing System Inspection by: _____ date _____

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