IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 6/25 MOORESVILLE 704-664-5281 12:00

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

PERMIT# 078637 PIN# 4625-41-1684 (+)

OWNER OR CONTRACTOR Crescent Resources Inc // The Point off Norman PHONE: Business 660-1185 Home DATE June 7, '99

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TL Great Point Drive TL Wild Harbor Rd. TL Atlantic Way on left

SUBDIVISION The Point BLOCK / SECTION III LOT 337 LOT AREA 49,253 sf SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. 2.25

Septic Tank: 1000+ Gallons; STB ____ Date ____

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 36"

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

System Description: GRAVITY INNOVATIVE -25% Red.

Repair System Description: GRAV/Pumped INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

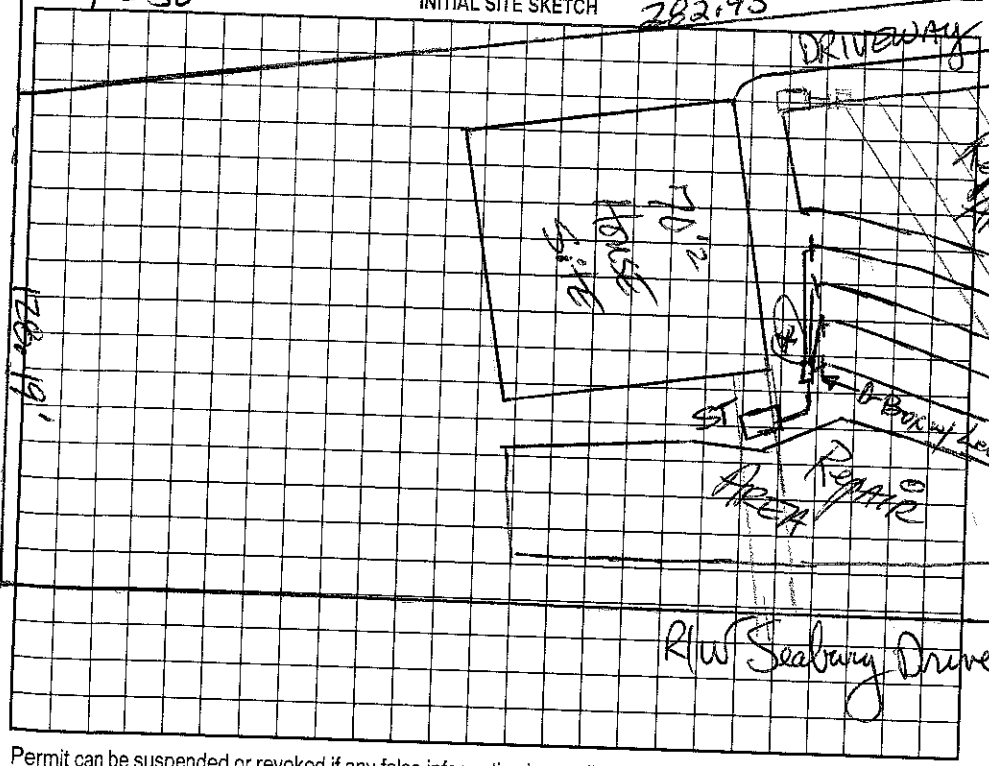
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: *ONE inspection port per LATERAL

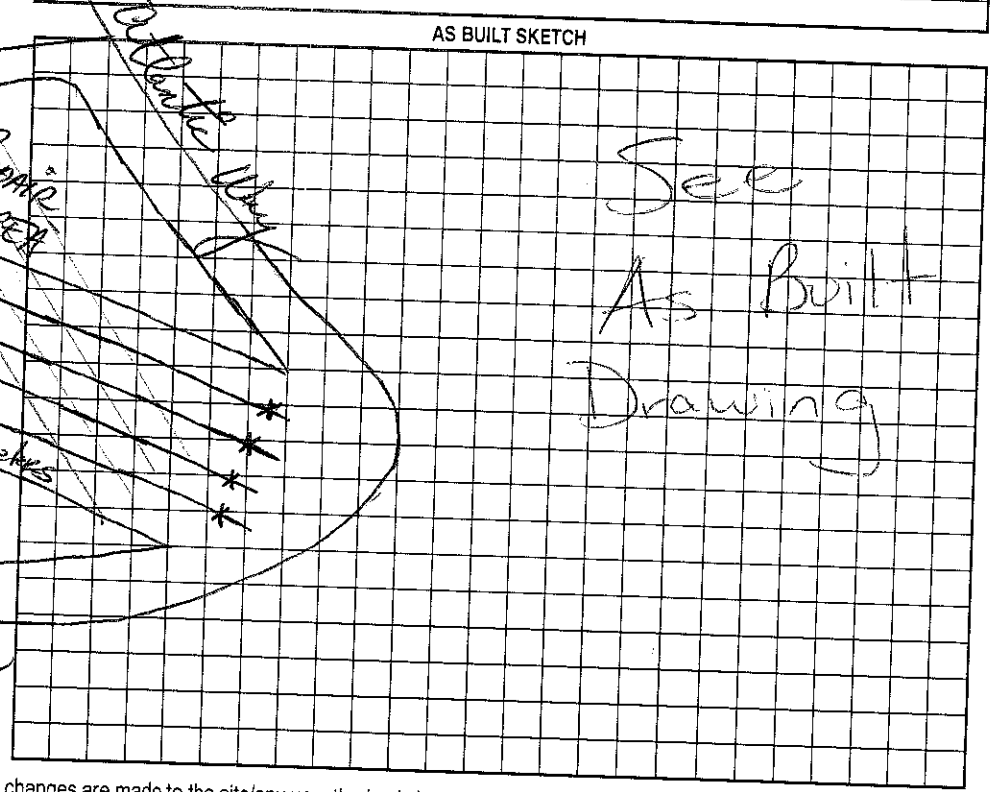
Comments/Conditions: Checked tanks & lines 5/18/04

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: _____ date 6-7-99

Authorization to Construct by: Wesley Sparks R.S. date 8/6/03

Installed by: R & H

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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