IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $325 MOORESVILLE 704-664-5281

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

PERMIT# 078644 PIN# ~~4625944684~~ (pt.) 4626-92-0110 DATE June 8, 99

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

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TL Great Point Drive TL Wildharbor Road TL Atlantic Way on left at jct w/ Seabury Drive

SUBDIVISION The Point BLOCK / SECTION III LOT 347 LOT AREA 34,277 ft² SITE CLASS. IB DESIGN FLOW 480 gpd L.T.A.R. .25 ft

Septic Tank: 1000 gal Gallons; STB 338 Date 3-27-04

Pump Tank: 1000 Gallons; PT 27 Date 3-27-04

Pump Make: Goulds Model 1/3 HP Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: LPP Panel / Block

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

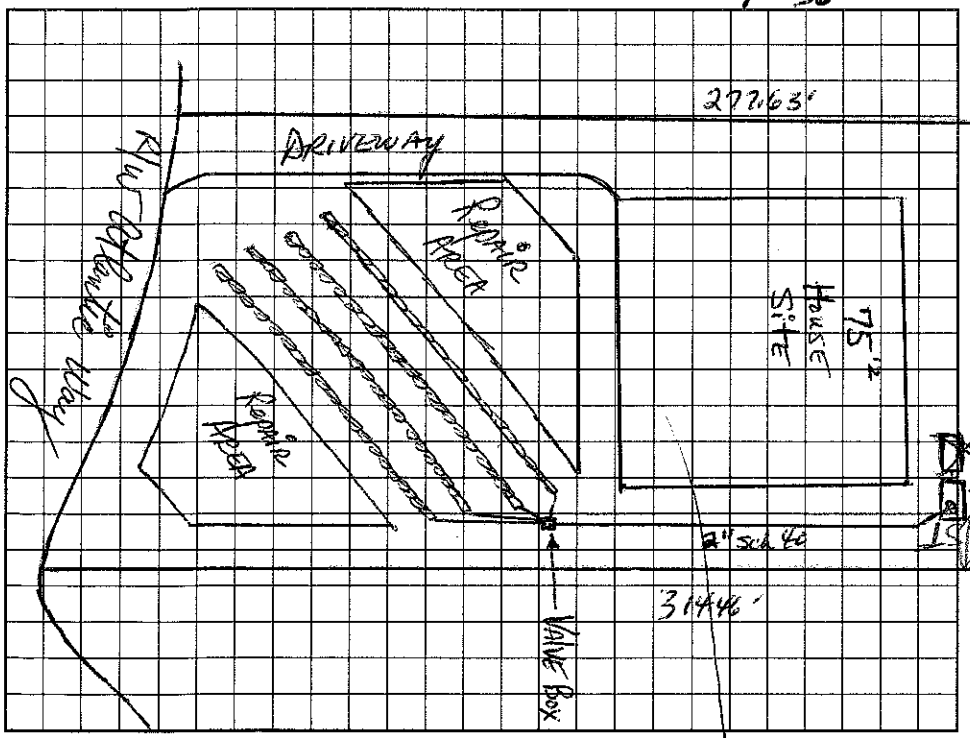
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

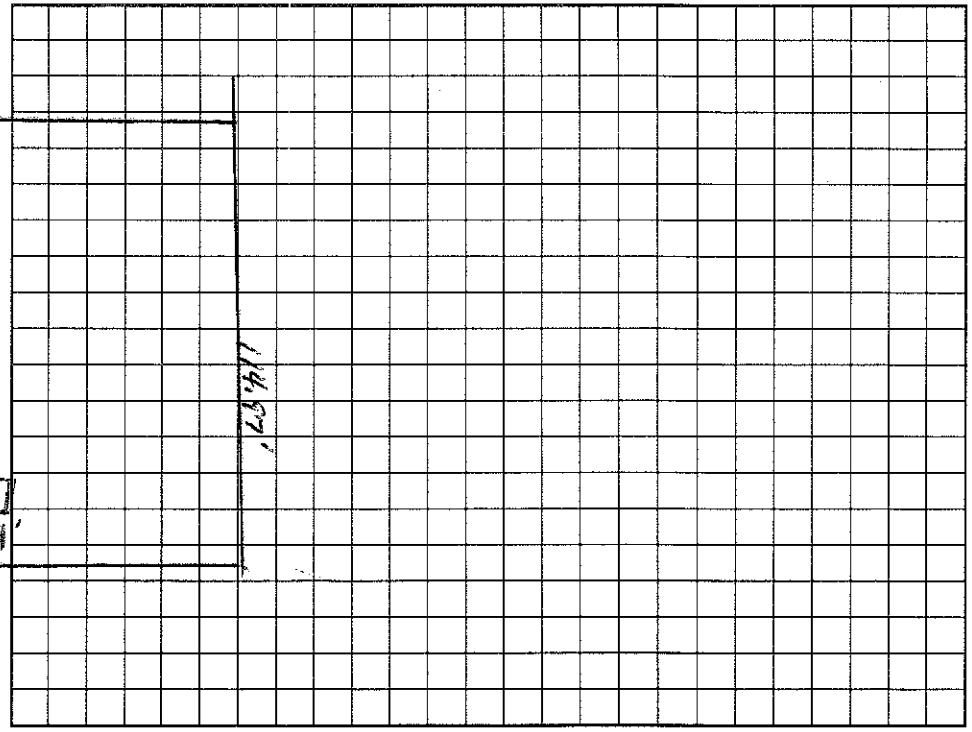
Comments:/Conditions:

Comments:/Conditions: Installed 4 – 90' Panel lines
Checked pressure, elect & alarm 7/21/04

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 6-8-99

Improvement Permit by: David R. Hinson, RS date 6-8-99

Authorization to Construct by: Wesley Sparks R.S. date 5/20/03

Installed by: _____

Operation Permit by: Maria H. Dobson R.S. date 7/21/04

Existing System Inspection by: _____ date _____

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