IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118938 PIN# 4625-83-4957 Lot 1328 4635-01-0515 DATE May 24, 2004

OWNER OR CONTRACTOR Crescent Resources LLC / The Pointe Norman / GM Helms PHONE: Business _____ Home _____

ADDRESS 221K Brawley Sch Rd Mooresville, N.C. 28117

LOCATION Brawley Sch Rd TL Yacht Rd TL Milford Circle on left at jct w/ Conway Ct.

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1328 LOT AREA 1.044ac SITE CLASS. RS DESIGN FLOW 6dd3pd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 1-13-09
Pump Tank: 1500 Gallons; PT 419 Date 12-29-08
Pump Make: Myers Model ME50S2156 Serial No. _____
Nitrification Field: (No) Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II (III) IV V VI
System Description: pm 25% Reduction
Repair System Description: Since Pump-Panel
Maintenance Agreement Required: ☐ Yes ☑ No Blk
Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

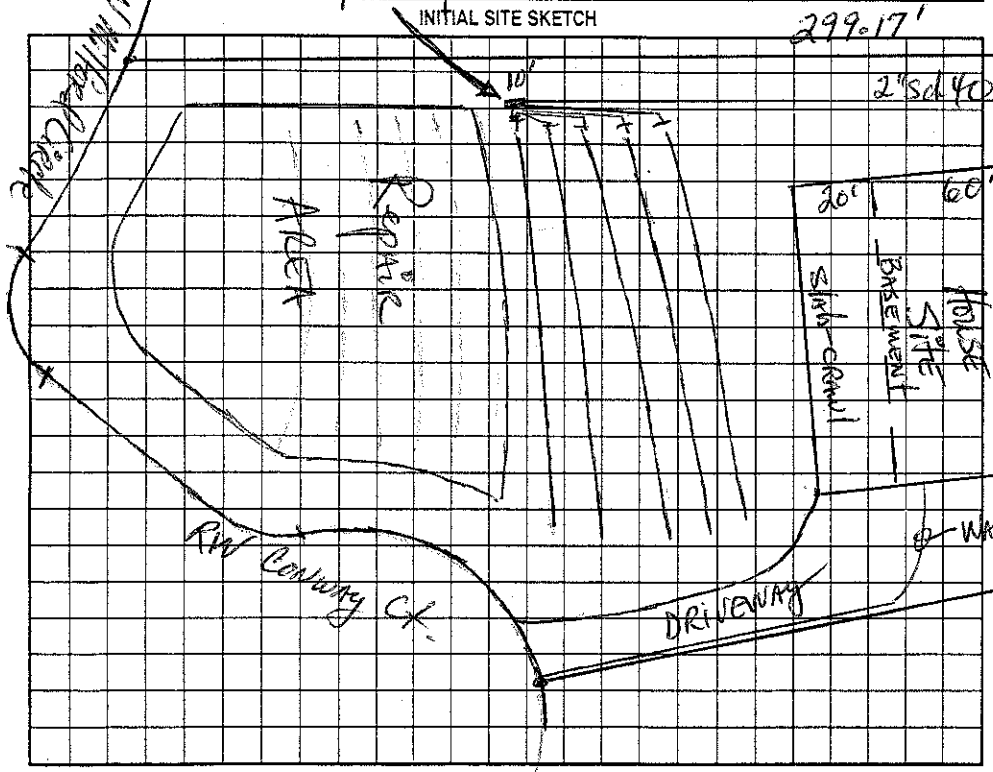
~~☐ Slab~~ ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

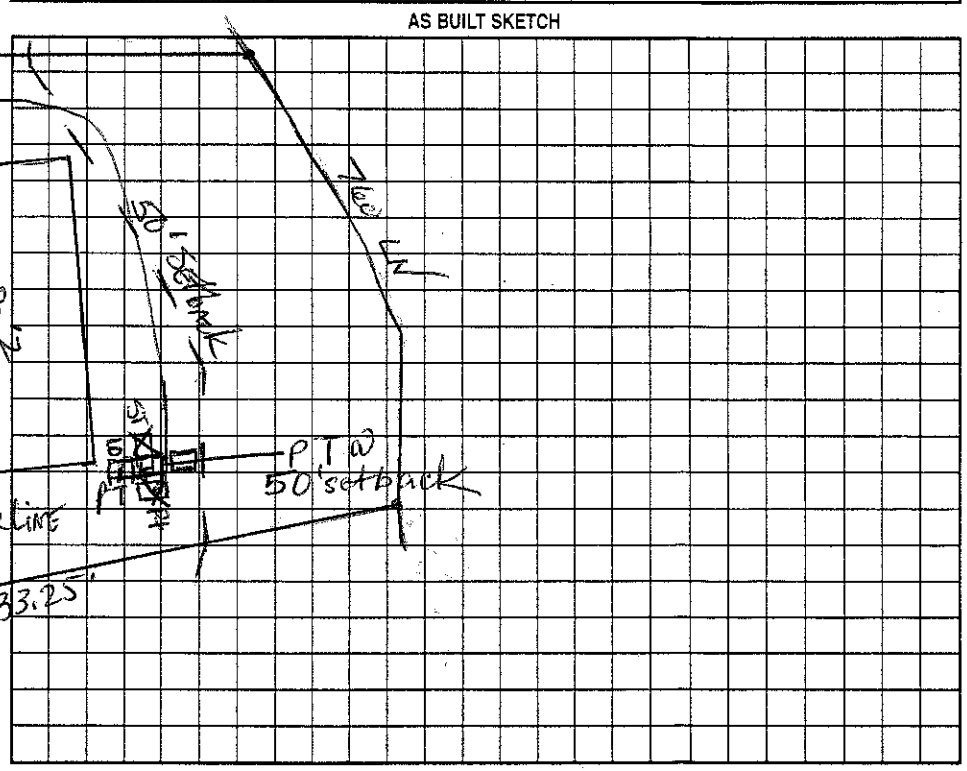
Comments/Conditions: 6/24/08 House larger than shown but will still fit if repair changed to Panel Blk

Comments/Conditions: 4/24/09 (PARTIAL) EZ Flow installed Checked tanks & lines.

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 _____ Installed by: _____

Improvement Permit by: _____ date 5-24-04 Operation Permit by: _____ date 8/5/09

Authorization to Construct by: _____ date 6/24/08 Existing System Inspection by: _____ date _____

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