IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118937 PIN# 4625-83-4957.1327 4635-01-1304 DATE May 24, 2004

OWNER OR CONTRACTOR Crescent Resources dba "The Point on Norman" / G. M. Helms CONST PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TL Yadkin Rd. TL Mitford Circle TL Conway Ct. at end

SUBDIVISION The Point BLOCK / SECTION B1 LOT 1327 LOT AREA 1.484 AC SITE CLASS. RS DESIGN FLOW 600 gpd L.T.A.R. .03

Septic Tank: 1500 Gallons; ST# 335 Date 4-15-07
Pump Tank: 1500 Gallons; PT# 477 Date 4-17-07
Pump Make: Goulds Model WE0312HC Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 4@125 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: LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No (privately)
Gravel Depth N/A

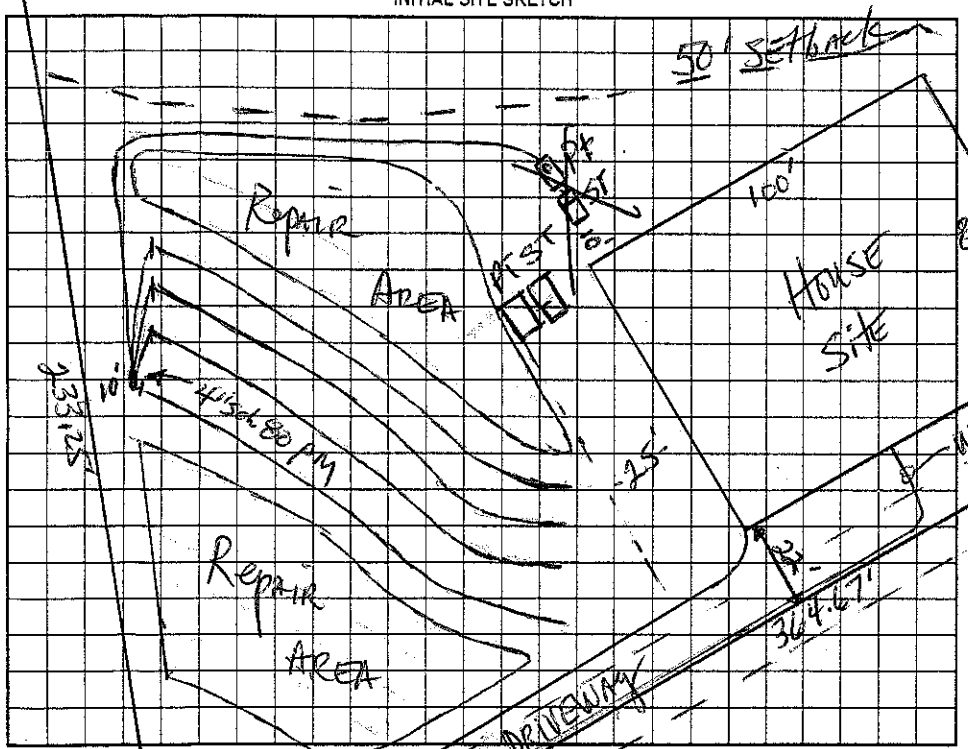
☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

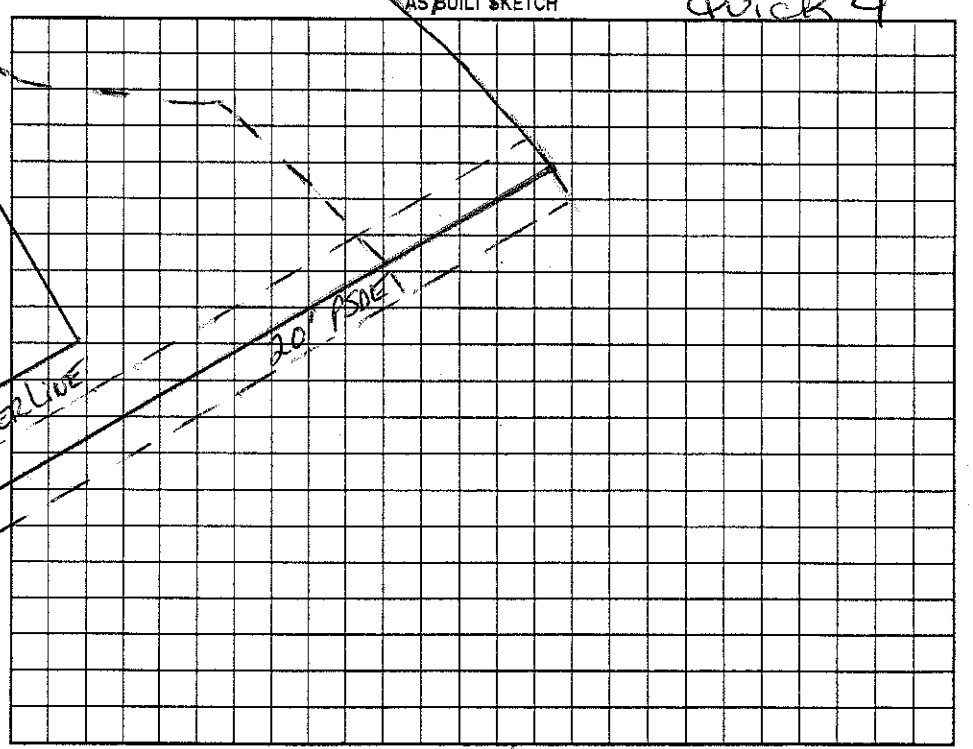
Comments:/Conditions:
760 LN

Comments:/Conditions:
2/13/07 Met w/ Installer okay to move tanks
5/24/07 Checked tanks & lines Quick 4

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 6-22-04 Installed by: _____

Improvement Permit by: _____ date 5-24-04 Operation Permit by: Maria H Dobson RS date 1/24/08

Authorization to Construct by: _____ RS date 9/20/06 Existing System Inspection by: _____ date _____

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