# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073402 PIN# 4625944684 (pt) 4635-04-2342 DATE Nov. 19, '99

OWNER OR CONTRACTOR Crescent Resources Inc // Hughes, Hamelink & Card PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd. Mooresville

LOCATION Brawley Sch Rd. TL The Point Dr. Meeting House Circle to Vineyard Drive on left

SUBDIVISION The Point BLOCK / SECTION 1A LOT 50 LOT AREA 32,332 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1500+ Gallons; STB 338 Date 4/5/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300
No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY INNOVATIVE/15% Red
Repair System Description: LP Pave/Rock
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA

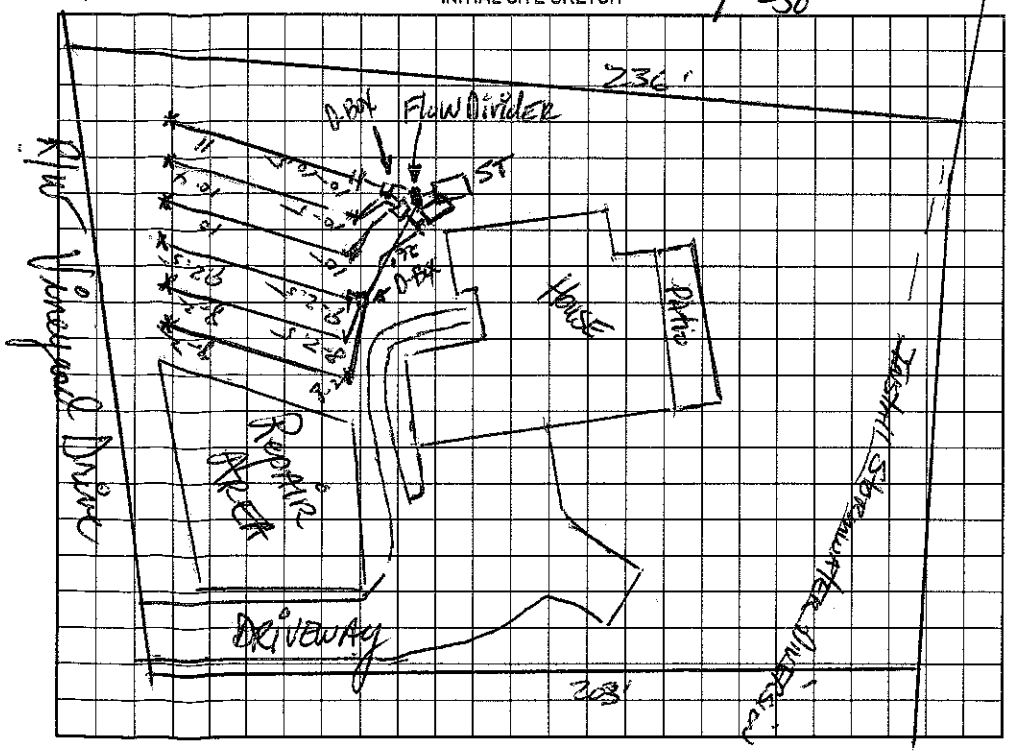
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

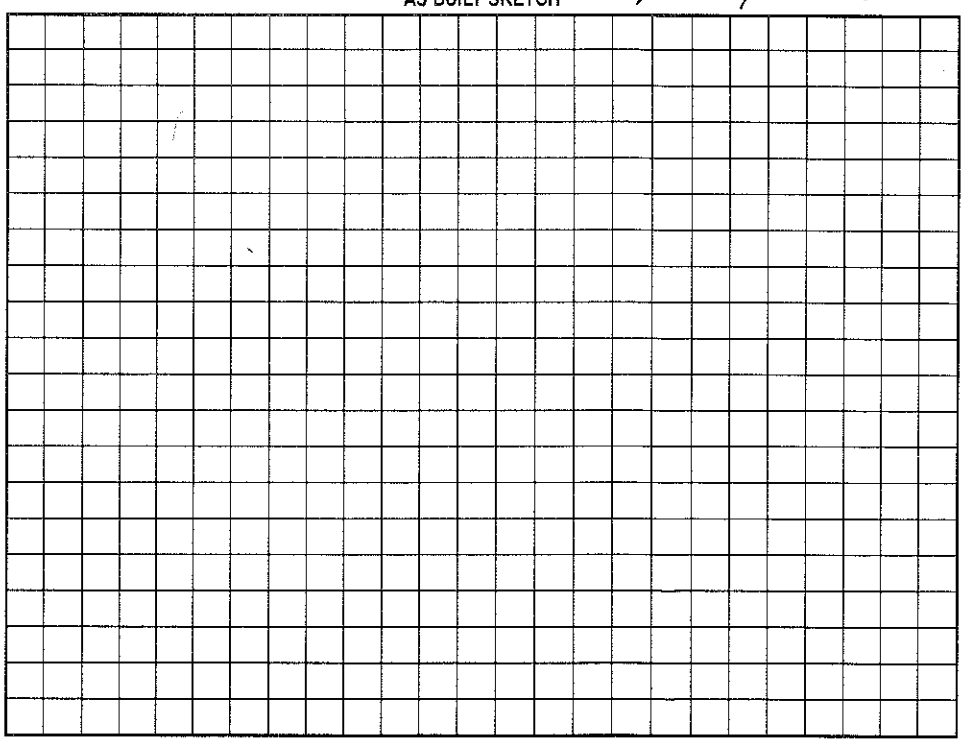
Comments:/Conditions: *ONE INSPECTION POINT PER LATERAL.
5-2-00 Revisited site at request of installer. House site appears to have been graded/lowered somewhat. Shift initial system drainfield downslope to as point where 1st (upper) line is roughly across from house front door and install other laterals downslope as flagged. Repair area to be upslope of initial field. DR

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 11-23-99 Installed by: Mayhew Const.

Improvement Permit by: _____ date 11-19-99 Operation Permit by: _____ date 5/12/00

Authorization to Construct by: _____ date 11-19-99 Existing System Inspection by: _____ date _____

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