IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078175 PIN# 4625842807 (pt of BROOKSHIRE) 4635-08-3749 DATE March 24, 1999

OWNER OR CONTRACTOR Crescent Resources thru "The Point on Norman" PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville

LOCATION Brawley Sch Rd. TL Brawley Harbor Place, at end

SUBDIVISION The Point BLOCK / SECTION II LOT 252 LOT AREA 41,392 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. e3 ±

Septic Tank: 1500+ Gallons; STB 338 Date 4/24/02

Pump Tank: 1000 Gallons; PT 293 Date 4/17/02

Pump Make: Houlds Model WE0512HHU Serial No. H043639

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPP Ave / Block

Repair System Description: Stone

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

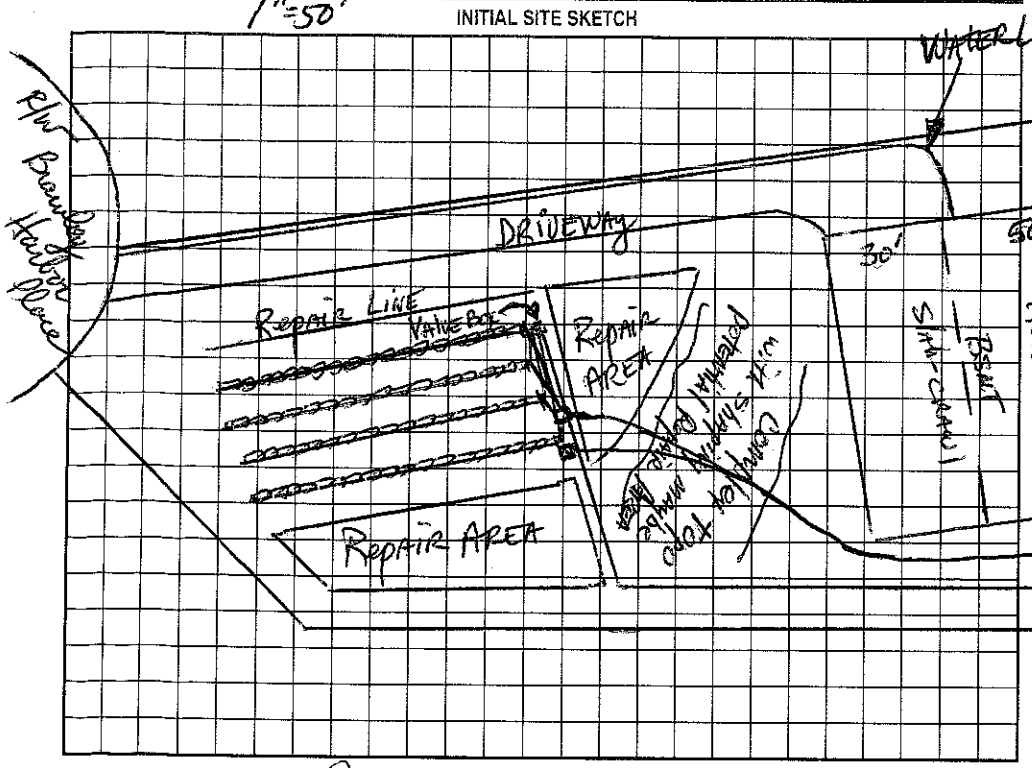
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

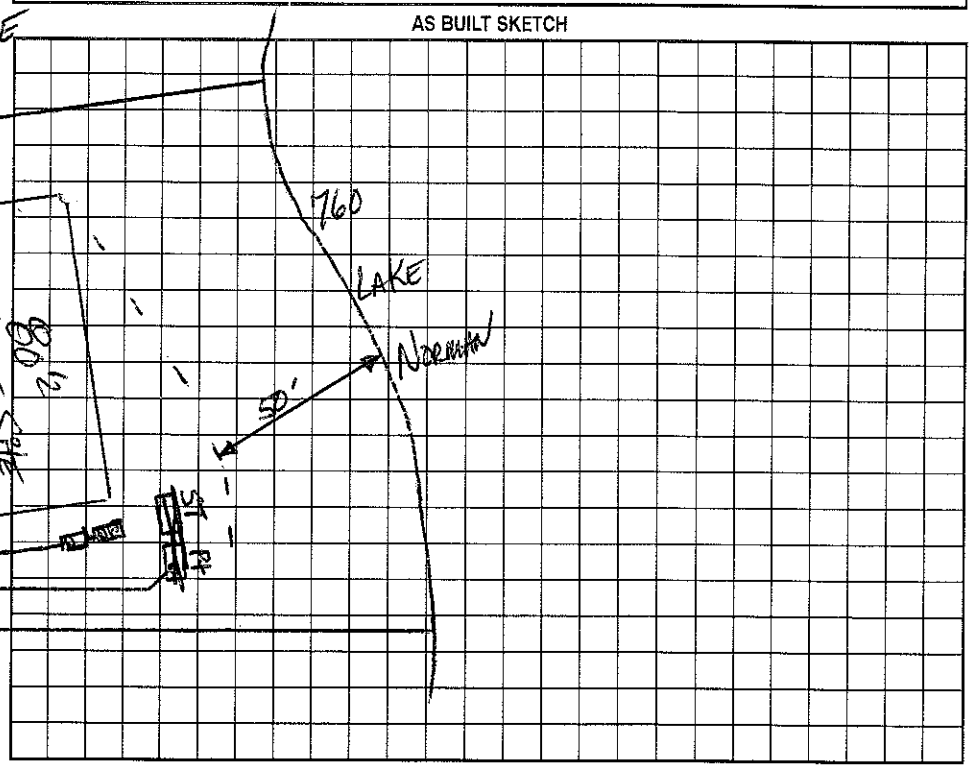
Comments/Conditions: 8/20/02 Drainfield area has been confirmed at head of trainline; Sprinkler with distribution in progress.

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 3/24/99 Installed by: Hallman Const.

Improvement Permit by: David B. Hinson, RS date 3/24/99 Operation Permit by: Wesley Sparks RS. date 8/20/02

Authorization to Construct by: Wesley Sparks RS date 9/24/01 Existing System Inspection by: _____ date _____

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