IREDELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

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

tank 50.00 F

PERMIT# 071783 & 071784 Combined PIN# 4662594684 4635127205

OWNER OR CONTRACTOR Crescent Resources Inc/Potter Builders PHONE: Business _____ Home _____ DATE 8-17-00

ADDRESS 3214 Brawley School Rd Mooresville

LOCATION Brawley School Rd TR onto The Point Dr. TL Meeting House Circle TL Vineyard to Falmouth on right past Woods Hole Ct

SUBDIVISION The Point BLOCK / SECTION 1A LOT #5&6 combined LOT AREA _____ SITE CLASS PS DESIGN FLOW _____ T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 7/24/00
Pump Tank: 1500 Gallons; PT 338 Date 9/30/00
Pump Make: MYERS Model ME50S-21 Serial No. 500
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet total
No Lines 6 at 111'ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-Conventional
Repair System Description: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 5+ No. Employees ____

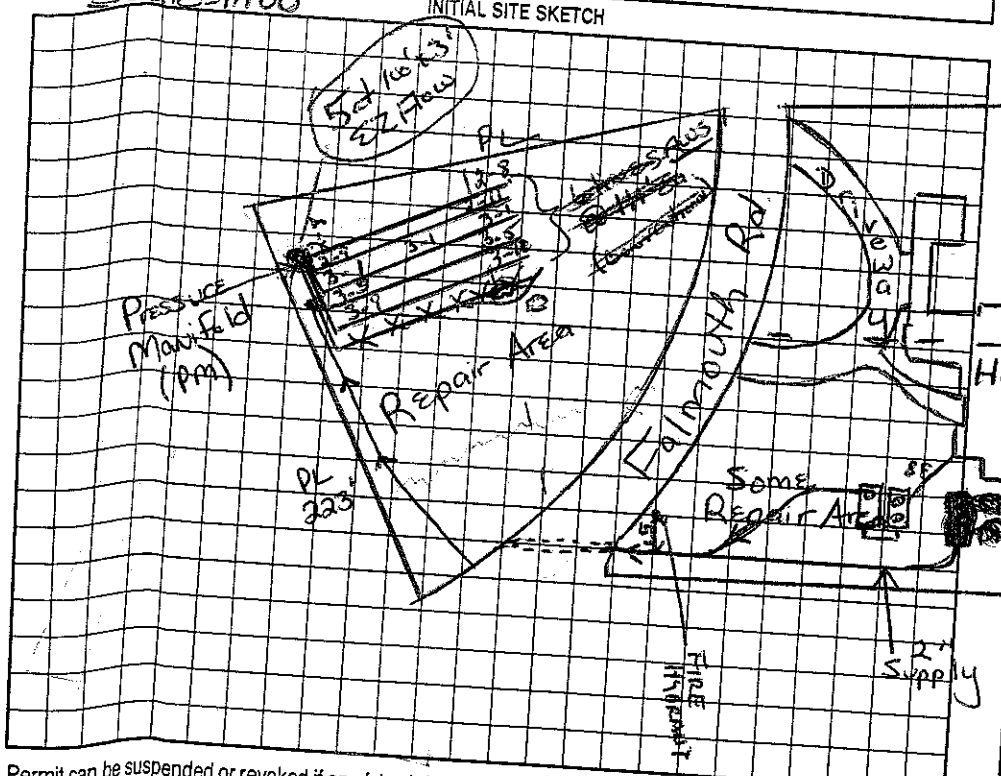
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' From PL 5' From house & 50' from lake.

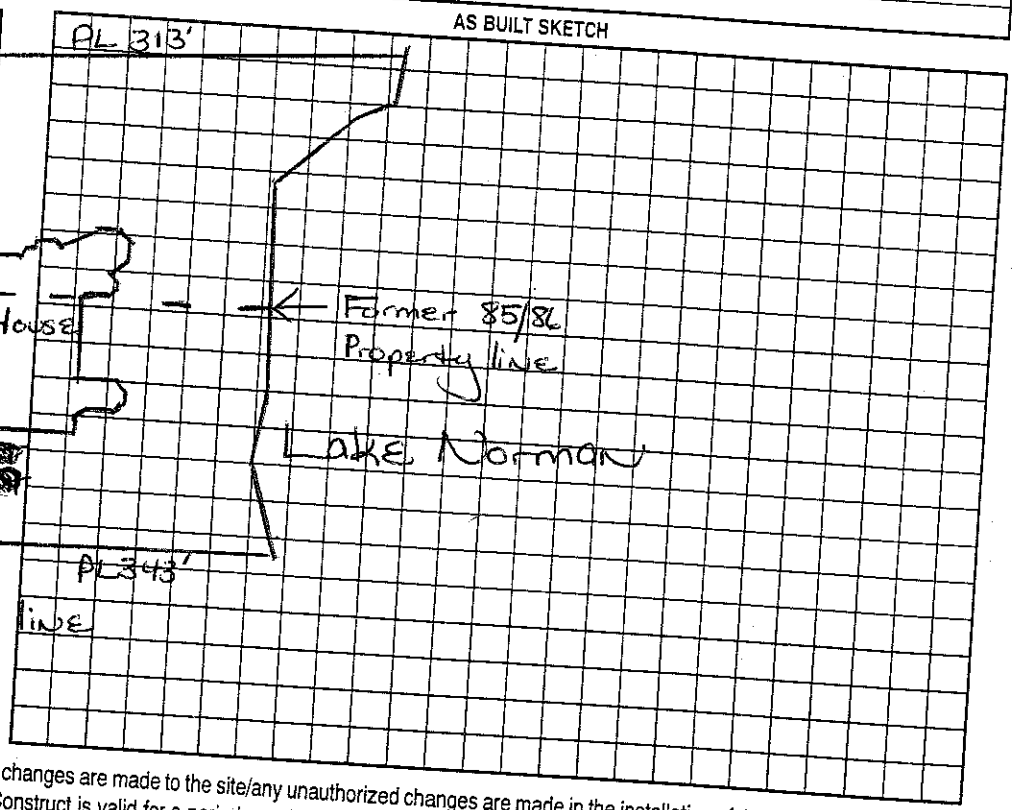
Comments/Conditions: Septic Drainfield in Easement area across the street from lot. Replaces permit issued 10-29-99.

Scale=1:100

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: _____

Improvement Permit by: Maria H. Dolan RS date 8-28-00 Installed by: Stanley Septic Service

Authorization to Construct by: Maria H. Dolan RS date 8/17/00 Operation Permit by: _____ RS date 3/5/01

Existing System Inspection by: _____ date _____

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