IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

L 2100)-

PERMIT# 072834 PIN# 4635-13-1569 DATE Dec. 10, '99

OWNER OR CONTRACTOR Crescent Resources Inc/Jake Norman Signature Homes PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd. Mooresville

LOCATION Brawley School Rd. Then The Point Dr, Meeting House to Easton Pl. to Old Post Rd. on Right

SUBDIVISION The Point BLOCK / SECTION 1A LOT 19 LOT AREA 23,377 ft² SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .25-.3

Septic Tank: 1000+ Gallons; STB 338 Date 5/5/00
Pump Tank: 1000 Gallons; PT 27 Date 7/10/00
Pump Make: MESF Model MYERS Serial No. —
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI
System Description: LP Panel Block
Repair System Description: SAME
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

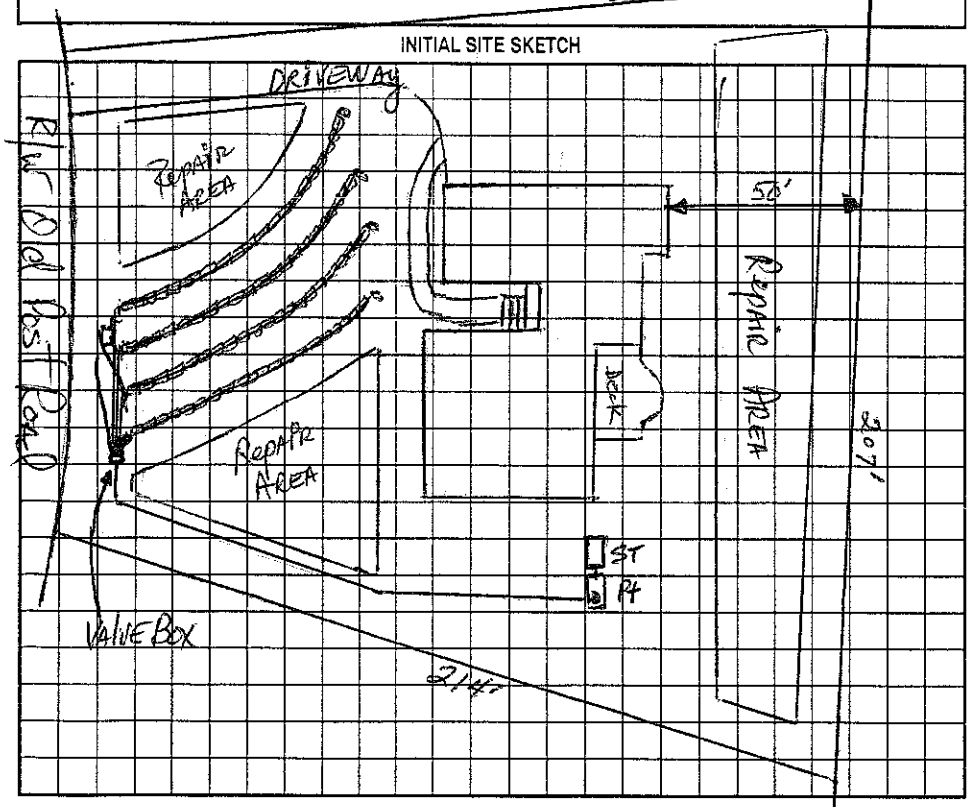
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

1"=50'

212'

INITIAL SITE SKETCH



Comments:/Conditions:

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: Brandi Markley date 12-15-99 Installed by: R & H

Improvement Permit by: Wayne Johnson, RS date 12-10-99 Operation Permit by: Wesley Sparks R.S. date 9/11/00

Authorization to Construct by: Wayne Johnson, RS date 12-10-99 Existing System Inspection by: _____ date _____

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