IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 118760

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

PIN # 4626 36 2842

APPLICANT: Lake Shore Holdings LLC APPLICANT ADDRESS: 295 Lake Mist Dr Mooresville NC 28117

SITE ADDRESS: 315 Bayberry Circle, Creek Mooresville NC PHONE: 704 746 7515 ALT. PHONE: 919 389 4500

SITE DIRECTIONS: Brawley School TR, McKendree TL, Kemp TR, Alder Springs TL, Bayberry on left #Septic Easement

SUBDIVISION: The Farms SECTION: 3 LOT # 371 LOT AREA: .75 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3 in Circle

Septic Tank ~~1000 gal~~ 1500 gal STB 338 Date 8/12/13

Pump Tank 1000 min gal PT ~~37~~ 38 Date 8/13/13

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 5@80ea Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump (Offsite) to 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

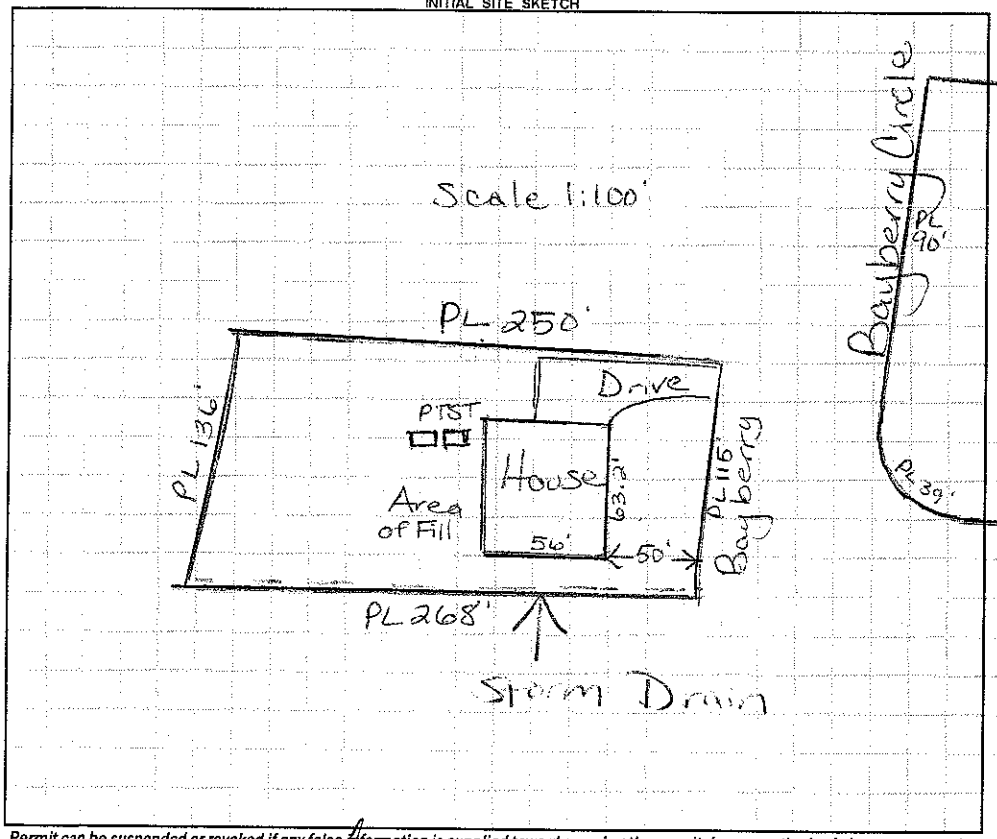
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

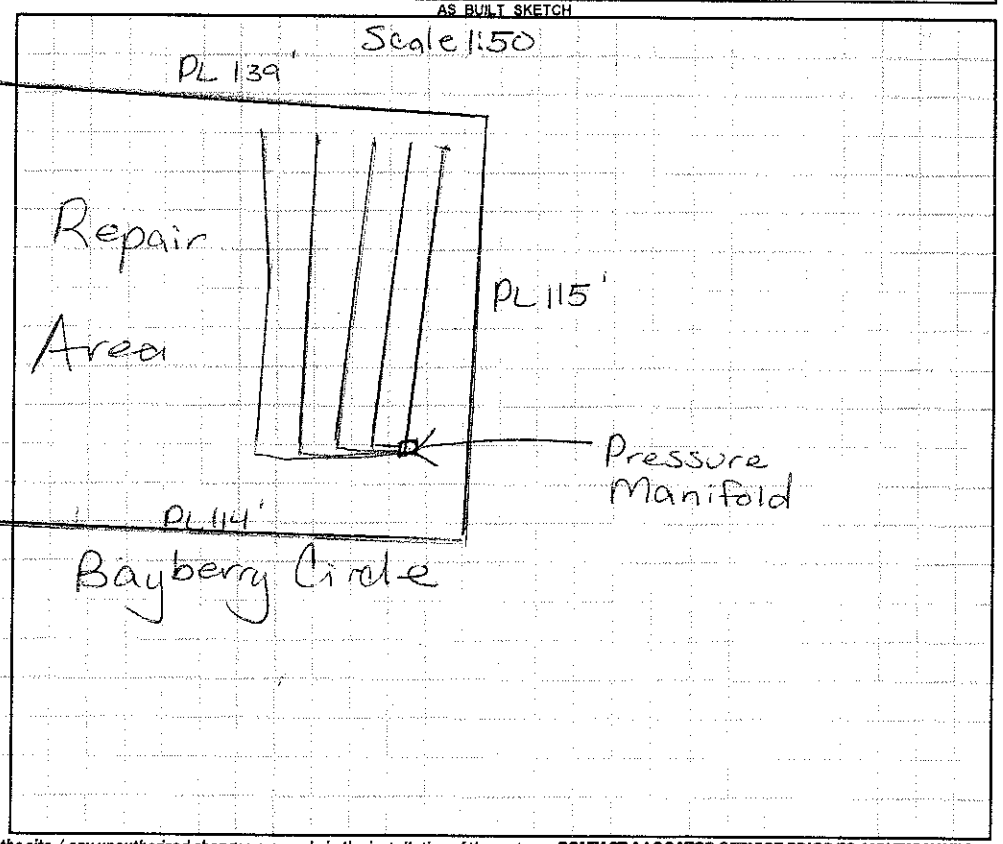
Comments / Conditions: ~~X~~ Check Crescent Communities Guidelines for Septic Systems for further details.

Checked Lines, tanks 9/19/13 KM

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: ~~X~~ Date: 7/17/13 Installed by: Stanley Septic

IMPROVEMENT PERMIT by: RS Date: 7/16/13 OPERATION PERMIT by: RA Ellis Date: 10-14-13

AUTHORIZATION TO CONSTRUCT by: RS Date: 7/17/13 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK