DELL COUNTY HEALTH DEPARTMENT

STATESVILLE [illegible] / 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 11752-8 PIN# ~~4626 38 4001.1~~ 4626565016 DATE 1/5/04

OWNER OR CONTRACTOR CRESCENT RESOURCES PHONE: Business 660-1185 Home

ADDRESS 400 S TRYON ST SUITE 1300 - CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TL ONTO KEMP - TL ONTO AGNEW - ON LT.

SUBDIVISION FARMS BLOCK / SECTION LOT LOT AREA 13.74c SITE CLASS PS DESIGN FLOW 1380 L.T.A.R. 3680/FT2

Septic Tank: ~~1500~~ 3000 Gallons; STB 7 Date 3/31/04

Pump Tank: ~~2500~~ 3000 Gallons; PT 143 Date 10/12/03

Pump Make: Goulds Model WS0.712 Serial No.

Nitrification Field: No Fields 1 Square Feet 3456 Linear Feet 1152

No Lines 8@144' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: PUMP 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☑ Other AMENITY SITE / FARMS

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

Water Supply: ☑ Individual ☐ Public ☑ Community

Comments:/Conditions:

TANKS AT BALL FIELD 1000 STB 794 10/26/04

1000 PT 27 11/2/04

Comments:/Conditions: Supply line 3" checked 12/6/04

INITIAL SITE SKETCH

SEE TONEY JACOBS & ASSOC. PLAN ATTACHED.

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: [signature] RS date 1/5/04

Improvement Permit by: [signature] RS date 1/5/04

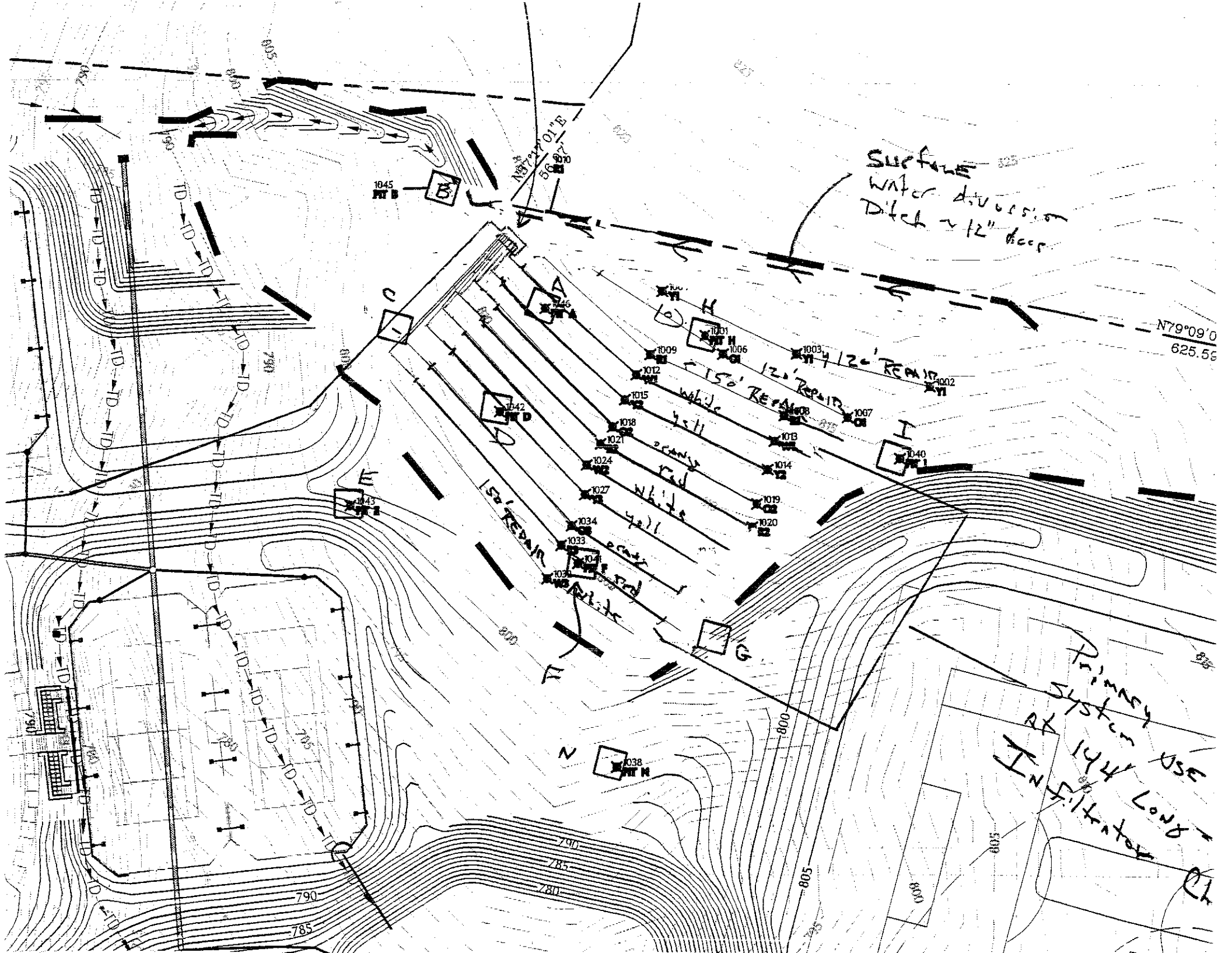
Authorization to Construct by: [signature] RS date 1/5/04

Installed by: Stanley Septic

Operation Permit by: [signature] RS date 5/27/05

Existing System Inspection by: date

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


Surface water diversion Ditch ~12" deep
N79°09'0
625.59
12' Repair
15' Repair
12' Repair
15' Repair
Primary system use at 144' long infiltrator
A
B
C
D
E
F
G
H
I
J
K
L
M
N
790
785
780
805
800

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	117528zo	Subdivision:	The Farms
Proposed Use:	Amenity Area	Township:	1700 Davidson
Location of Property:	0 Agnew Rd. Mooresville NC 28117		
Parcel #:	4626-38-4001.1	Zoning:	RA
Lot #:	Size: 13.7 acres	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs	Owner:	Crescent Resources, Inc.
Address:	168 Broadbill Dr Mooresville NC 28117	Address:	400 S. Tryon Street, #1300 Charlotte, NC 28201
Phone:	704-663-6905	Phone:	704-373-3012
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: Min. Left Side Yard:

Min. Lot Width: Min: Rear Yard: Min: Right Side Yard:

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Septic Approval Only/ This is not a zoning approval.

Directions:

Brawley School Road, turn right onto McKendree, turn left onto Kemp, turn left onto Agnew, the property is on the left across from 417 Agnew

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

EMILY JACKSON Printed: 11/26/03