10.30 325

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111176 PIN# ~~4626-63-7315.6~~ 4626-64-4027 DATE June 13, 03

OWNER OR CONTRACTOR Crescent Resources LLC // Gale Forest Est LLC // Pebble Custom Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte, N.C.

LOCATION Brawley Sch Rd. TR South Fork Bear Right on Agnew TR Green Morris Ln. on left at jct with West Allicott

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 6 LOT AREA .849 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 3/12/04

Pump Tank: 1000 Gallons; PT 333 Date 3/17/04

Pump Make: Goulds Model WS05512HC Serial No. _____

Nitrification Field: No Fields 1 Square Feet 660/990 Linear Feet 330

No Lines 6@55' Trench Width 24" min 18"o.c Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, ④ V, VI

System Description: LPPBPS

Repair System Description: LPPBPS

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: @ 36" max 9'oc

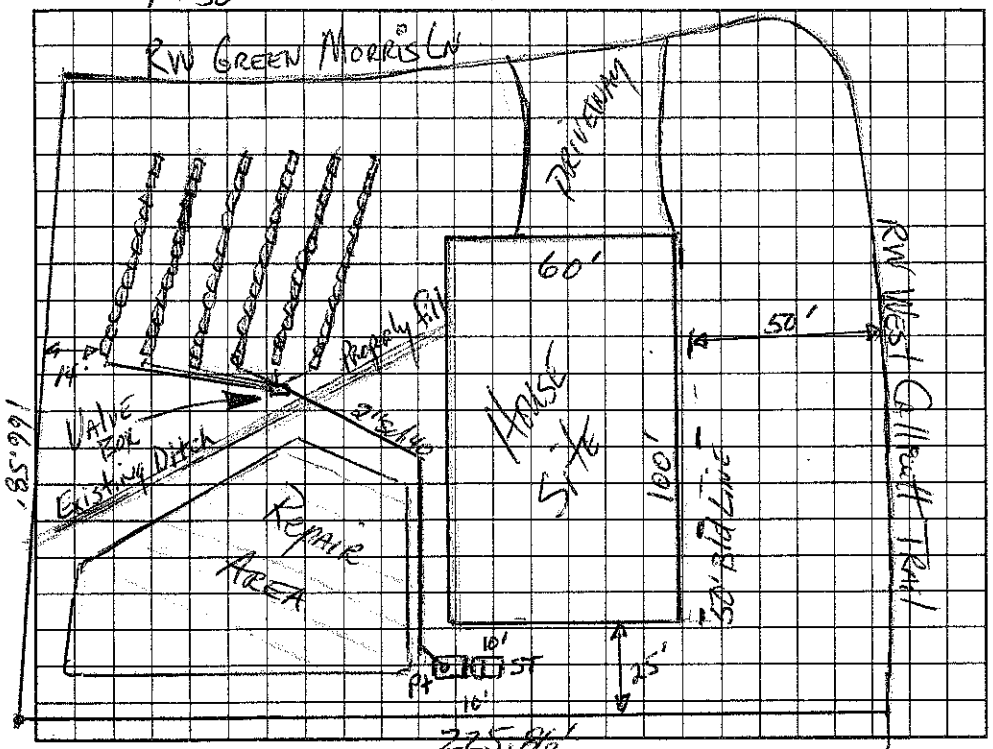
IN LINE filter Required in supply line inside pump tank.

Comments:/Conditions:

78 Panel 11/64th " hole

INITIAL SITE SKETCH

1"=50'



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 6-27-03 Installed by: Gobson

Improvement Permit by: _____ date 6-13-03 Operation Permit by: _____ RS date 8/30/04

Authorization to Construct by: _____ date 11-7-03 Existing System Inspection by: _____ date _____

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