#245

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111296 PIN# 4626-63-7315.28 DATE June 19, 03

OWNER OR CONTRACTOR Crescent Resources/Bluff Lake Forest LLC PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR Southfork TR Kopp Place TR East Callicutt Trail 5th lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 28 LOT AREA .908 AC SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 5-24-04

Pump Tank: 1500 Gallons; PT 421 Date 5-24-04

Pump Make: _____ Model LL 1999 Serial No. 333

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NR

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

System Description: PRESDOSED - 16" PIPES

Repair System Description: LP PIPES

Maintenance Agreement Required: ☐ Yes ☑ No, Initially

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees ____

☐ Other _____

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

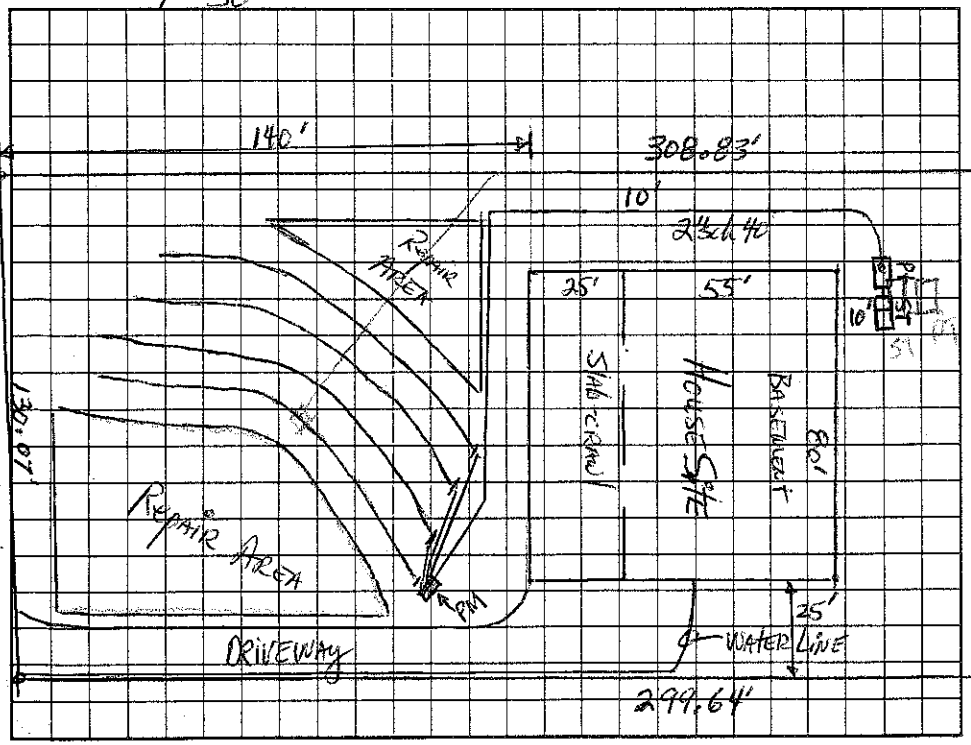
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: LOT 55'

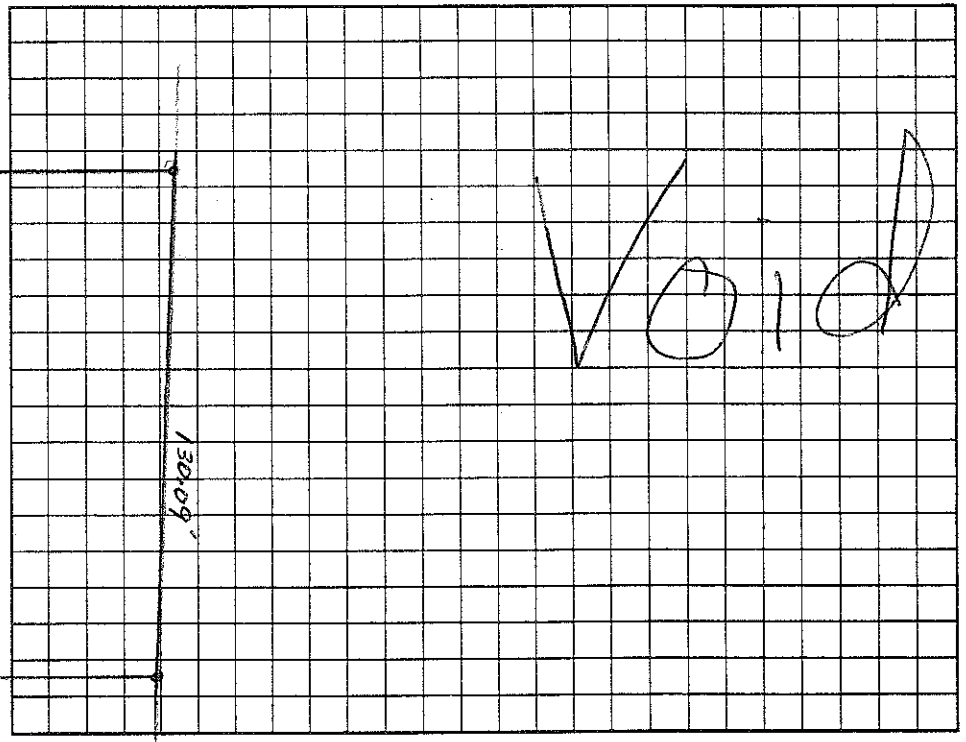
Comments:/Conditions: (PARTIAL)

1"=50'

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: _____ date 6-27-03 Installed by: RH

Improvement Permit by: _____ date 6-19-03 Operation Permit by: _____ date _____

Authorization to Construct by: Wesley Sparks RS date 12/16/03 Existing System Inspection by: _____ date _____

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