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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1456/112820 PIN# 4626-63-7315.14 4626-54-6480 DATE June 17, 03

OWNER OR CONTRACTOR Crescent Resources thru/Lake Forest Estates/Whitley Co. PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR Southfork Bear Right on Agnew TR Green Morris TR West Gallicutt At end

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 14 LOT AREA .98 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 338 Date 10/12/04
Pump Tank: 1000 Gallons; PT 283 Date 11/22/04
Pump Make: Goulds Model WE0312 Serial No.
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 6 Trench Width 24" min 8'oc Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No
Gravel Depth NA
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

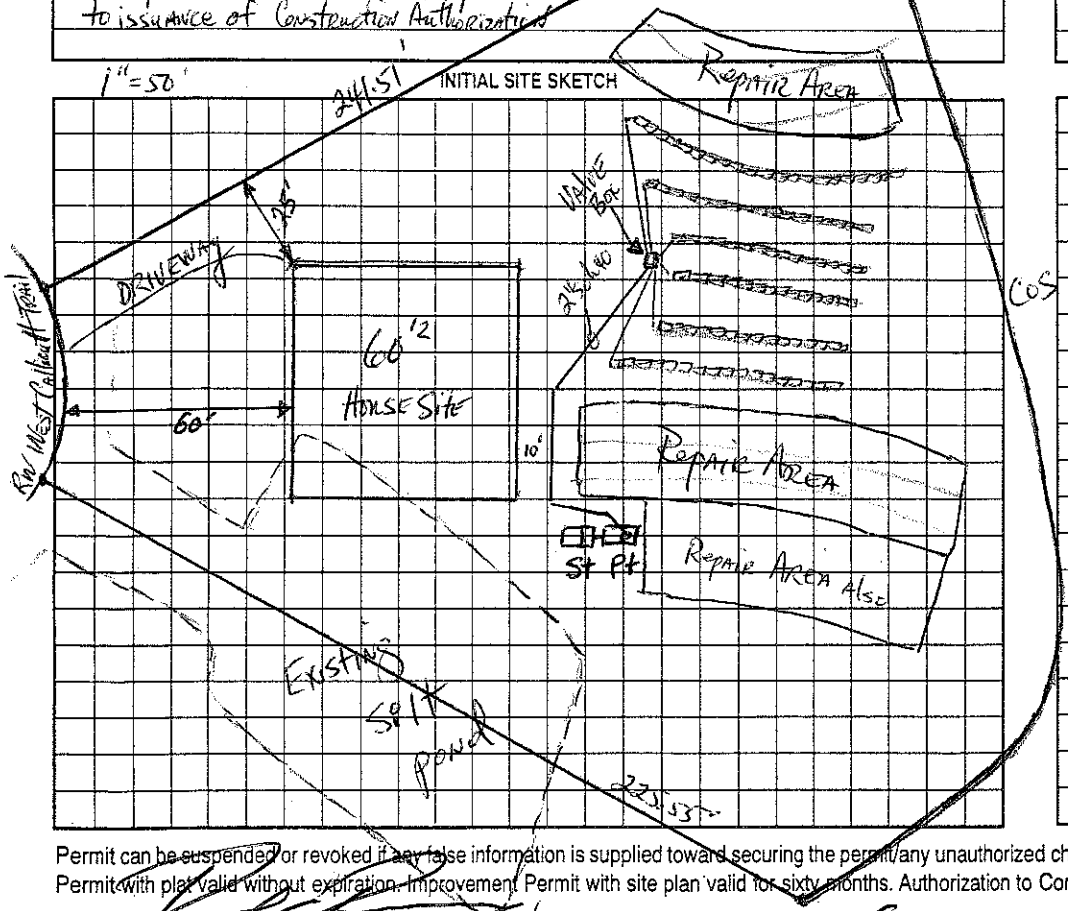
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: OR 36" max 9'oc
Silt pond must be filled in prior to issuance of Construction Authorization

Comments:/Conditions: Tanks & lines checked 12/30/04 by GM
72 Panels 3/16" holes

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 6-22-03 Installed by: Curt Dunn

Improvement Permit by: _____ date 6-17-03 Operation Permit by: _____ date 2/2/05

Authorization to Construct by: _____ R.S. date 6/30/04 Existing System Inspection by: _____ date _____

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