IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111181 PIN# 4626-63-7315.9 4626-63-3793 DATE June 16,03

OWNER OR CONTRACTOR Crescent Resources Land/Lake Forest Est. LLC / Arcadia PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley School Rd. TR South Fork Bear Right on Agnew TR Green Morris At End

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 9/9A LOT AREA .70 AC SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 338 Date 5-9-04

Pump Tank: 1000 Gallons; PT 283 Date 5-14-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1440 Linear Feet 480

No Lines 6 RW Green Morris 3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM-25% Reduction

Repair System Description: LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

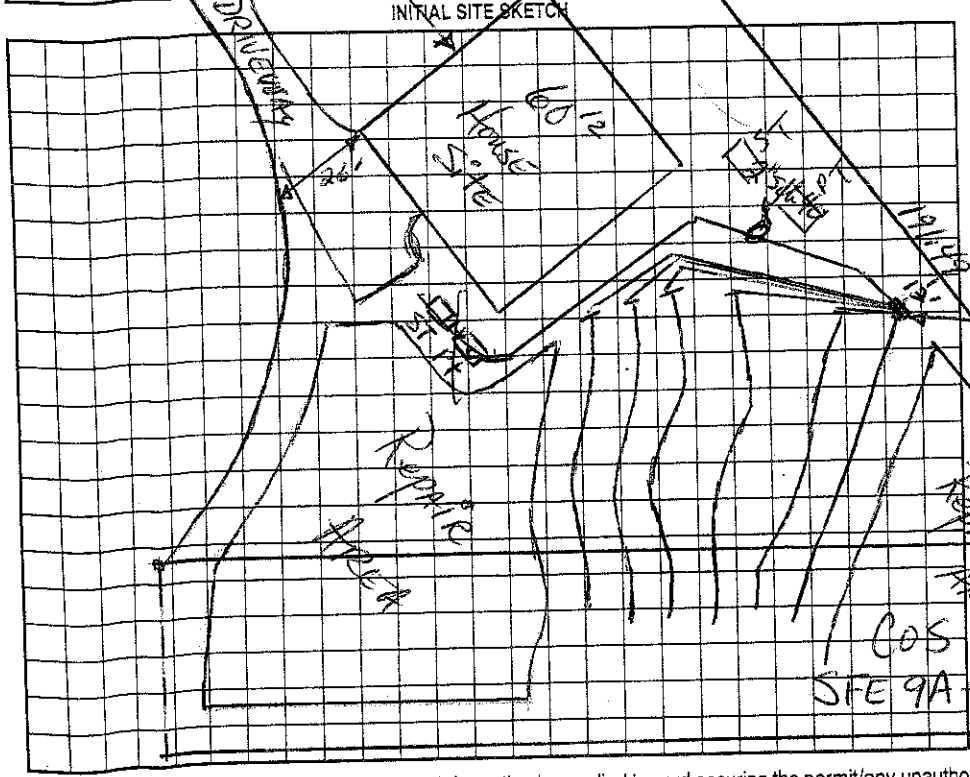
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Okay to put tanks on other side 5-21-04

Checked tanks & lines 6/18/04 MD

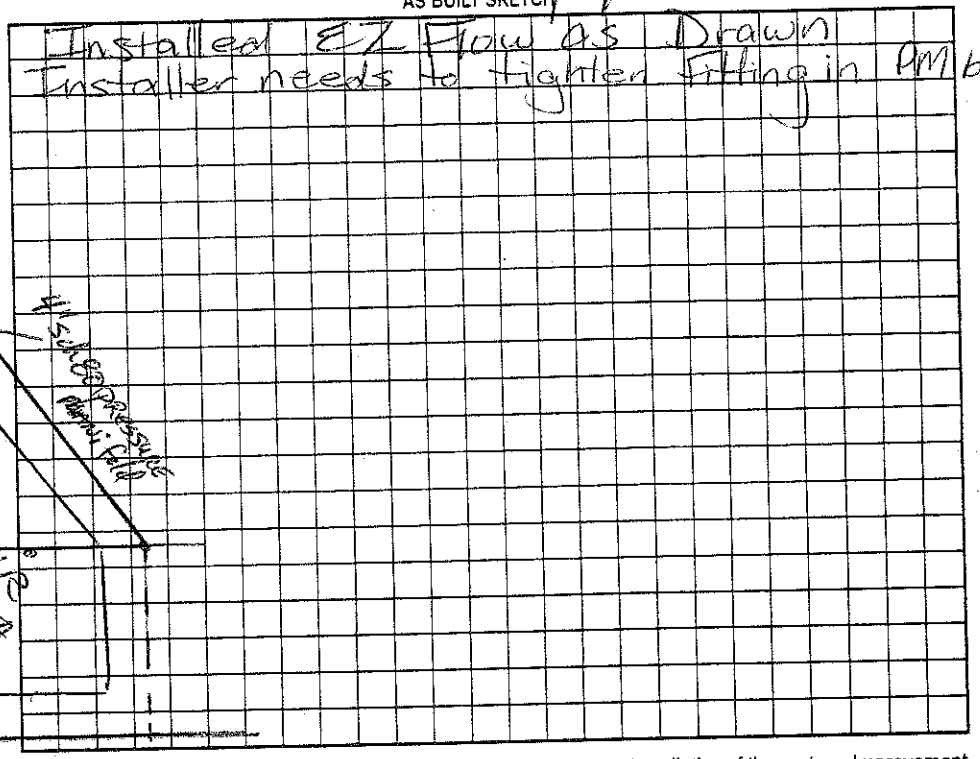
INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow as Drawn

Installer needs to tighten fitting in PM box



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: R&H

Improvement Permit by: _____ date 6-16-03 Operation Permit by: _____ date 7/13/04

Authorization to Construct by: _____ RS date 10/14/03 Existing System Inspection by: _____ date _____

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