IREDELL COUNTY HEALTH DEPARTMENT

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

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

1:30 10:30

PERMIT# 111180 PIN# 4626-63-7315.8 4626-63-5772 DATE June 13, 03

OWNER OR CONTRACTOR Crescent Resources Inc // Lake Forest Est LLC / E.S Johnson PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte NC

LOCATION Bowley Sch Rd TR South Fork Bear Right on Agnew TR Green Morris Ln. Attend

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 8 LOT AREA .858 Ac SITE CLASS. PS DESIGN FLOW 440 gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 9-14-03

Pump Tank: 1000 Gallons; PT 27 Date 12-19-03

Pump Make: Myers Model ME 50 Serial No. _____

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 NA

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

System Description: pm-75% Reduction

Repair System Description: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No, instructed

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

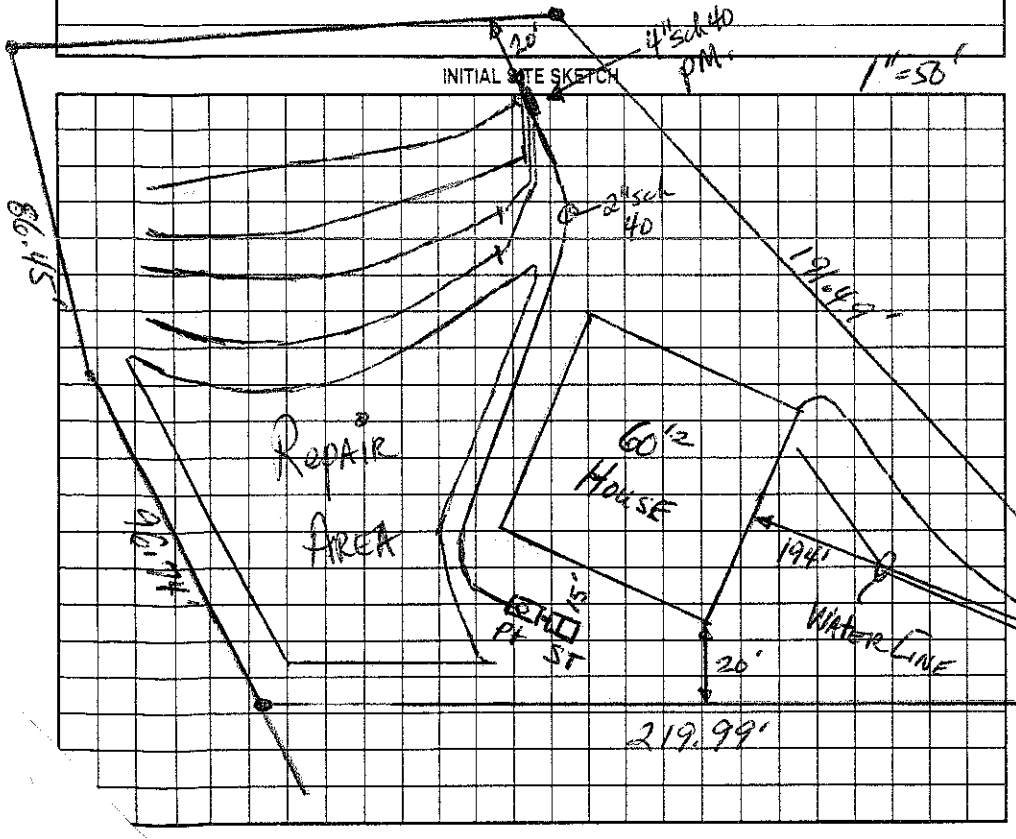
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

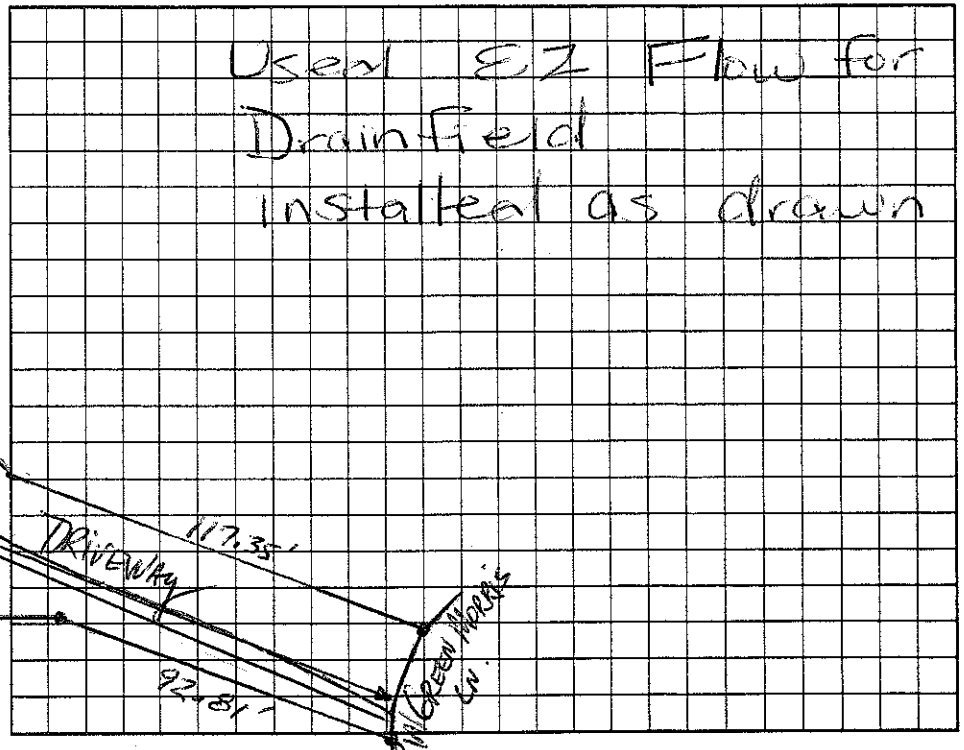
Comments:/Conditions:

Comments:/Conditions: Tanks, lines & pressure checked 1/22/04
Set pressure @ 3 Ft

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



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 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.

EGR date 6-27-03 Installed by: Willie Christenbury RS

date 6-13-03 Operation Permit by: Maint Tech Dolan date 5/21/04

Construct by: C. S RS date 10/2/03 Existing System Inspection by: _____ date _____

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