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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# 111156 PIN# 4626-63-7315-3 DATE June 13, 03

OWNER OR CONTRACTOR Crescent Resources Inc / Lake Forest Estate LLC / KINGSLAND PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd TR South Fork TR Kapp Place 3rd lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 3 LOT AREA .74 Ac SITE CLASS. 15 DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1500 Gallons; STB 328 Date 2/19/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ 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: GRAVITY 25% Reduction w/ EZ Flow
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No Initially

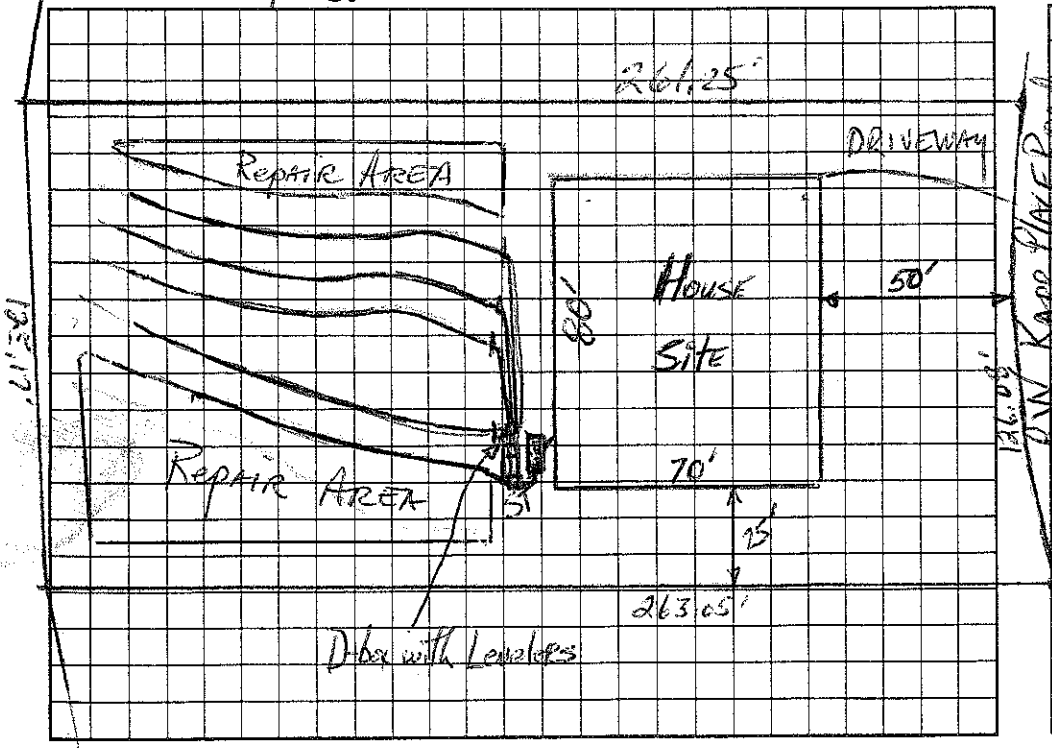
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 5 @ 80'x3' LINES INSTALLED.

Comments:/Conditions: EZ FLOW INSTALLED. 3/25/04

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: H+H Landscaping

Improvement Permit by: Mary R. Hamm RS date 6/13/03 Operation Permit by: Wesley Sparks RS date 3/30/04

Authorization to Construct by: Wesley Sparks R.S. date 9/16/03 Existing System Inspection by: _____ date _____

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