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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# 111197 PIN# 4626-63-7315.20 4626 64 6395 DATE June 18, 03

OWNER OR CONTRACTOR Crescent Resources Inc // Lakeforest Est LLC / Greg Lebbins Custom Homes PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR South fork Rear Right on Agnew TR Green Morris TL West Callicutt 3rd lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 20 LOT AREA 1.08Ac SITE CLASS. B DESIGN FLOW 480gpd L.T.A.R. .025

Septic Tank: ~~1000~~ 1250 Gallons; STB 325 Date 3/15/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 2+2 (120'EA) Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ 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

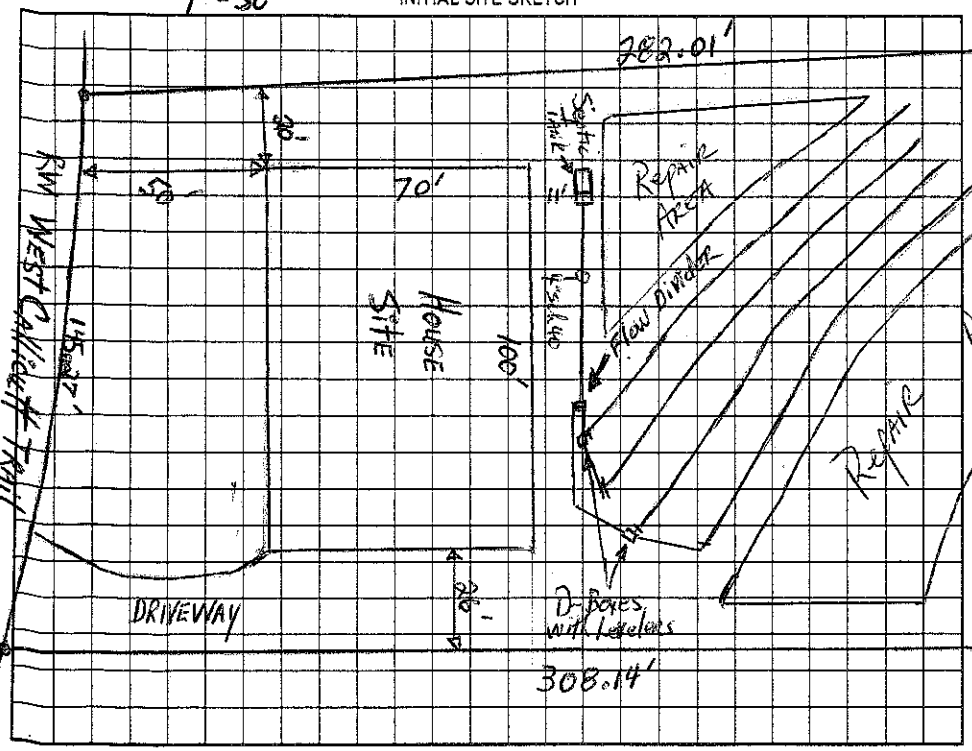
Comments/Conditions:

* Do not cut drainfield area

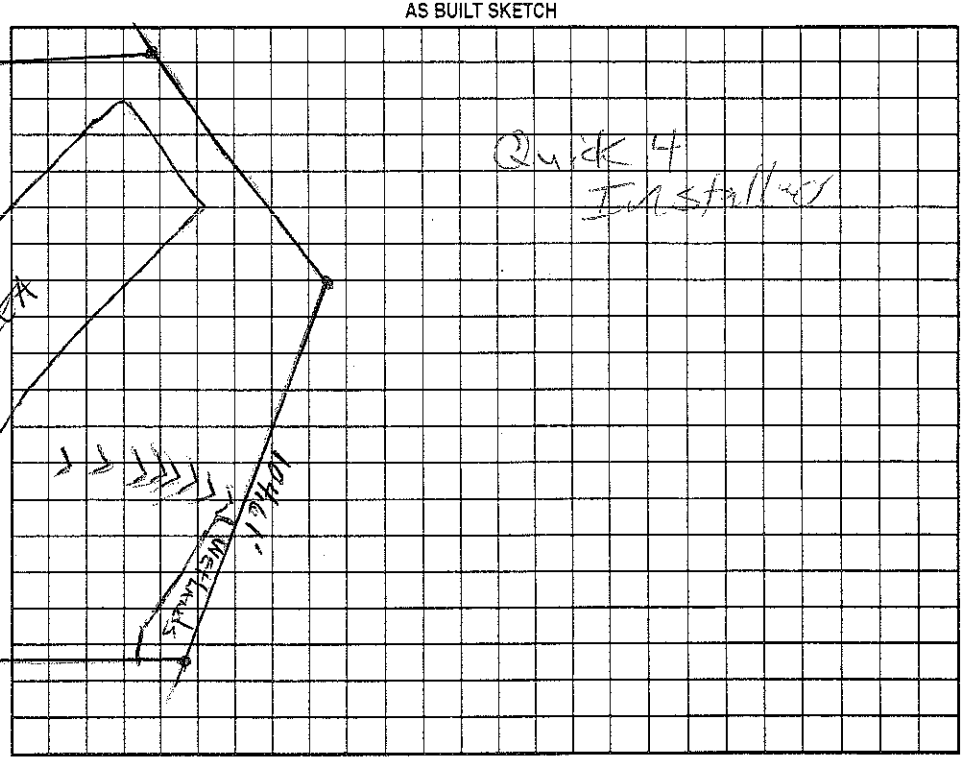
Comments/Conditions:

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: Hallman Const.

Improvement Permit by: _____ date 6-18-03 Operation Permit by: _____ date 4/20/05

Authorization to Construct by: _____ RS date 8/16/04 Existing System Inspection by: _____ date _____

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