IREDELL COUNTY HEALTH DEPARTMENT

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

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

L30 309 (65)

PERMIT# 11157 PIN# 4626-63-7315.4 4626 64 7062 DATE June 13, 03

OWNER OR CONTRACTOR Crescent Resources Inc / Lake Forest Estates /// M. Shaw Clydesdale Const PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR South Fork TR Knapp Place Rd 4th lot on left

SUBDIVISION The Farms I BLOCK / SECTION 1 LOT 4 LOT AREA 1.079 ac SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. N.25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 2/13/04

Pump Tank: 1000 Gallons; PT 27 Date 3/23/04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 @ 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: 1m - 25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

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

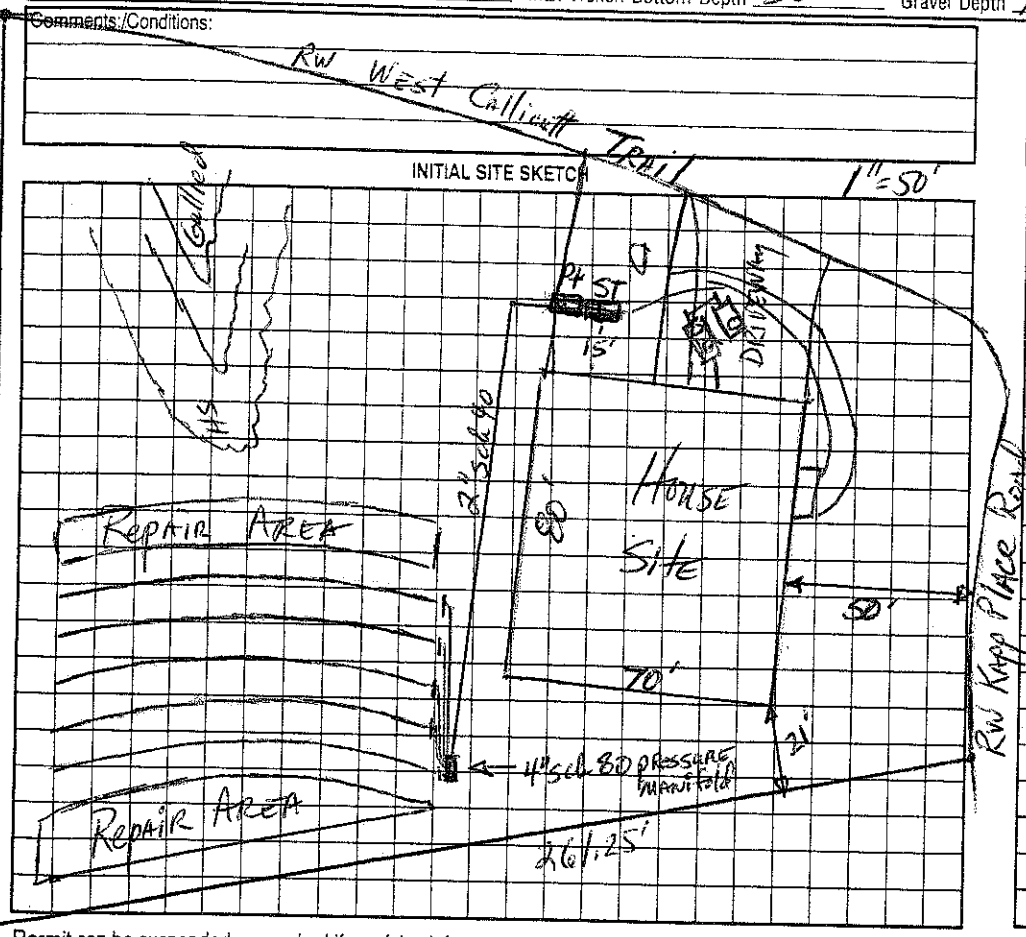
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: OK to switch tank location

INITIAL SITE SKETCH 1" = 50'



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: A Abernathy

Improvement Permit by: _____ RS date 6-13-03 Operation Permit by: Wesley Sparks RS. date 6/16/04

Authorization to Construct by: _____ RS date 8-5-03 Existing System Inspection by: _____ date _____

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