IREDELL COUNTY HEALTH DEPARTMENT

* THIS PERMIT VOIDS PREVIOUS PERMIT DATED 6/18/03 *

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

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

1:30

PERMIT# 111199 PIN# ~~4626 63 7315.21~~ 4626-64-8229 DATE 8/15/05

OWNER OR CONTRACTOR CRESCENT RESOURCES / LAKE FORPSX EST / T WHELAN HOMES PHONE: Business 704 400 8932 Home

ADDRESS PO BOX 1003 CHARLOTTE, NC

LOCATION BRAWLEY SCHOOL RD @ SOUTH FORK BEAR @ AGNEW @ GREEN MORRIS @ W CALLICUT @ LOT

SUBDIVISION THE FARMS BLOCK / SECTION 1 LOT 21 LOT AREA 1.29 SITE CLASS. PS DESIGN FLOW 600 GPD L.T.A.R. .3

Septic Tank: ~~1250~~ 1500 Gallons; STB 338 Date 9/7/05

Pump Tank: ~~1250~~ 1500 Gallons; DT 477 Date 9/13/05

Pump Make: GOULDS Model WE0 715HU Serial No FOSG3975

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

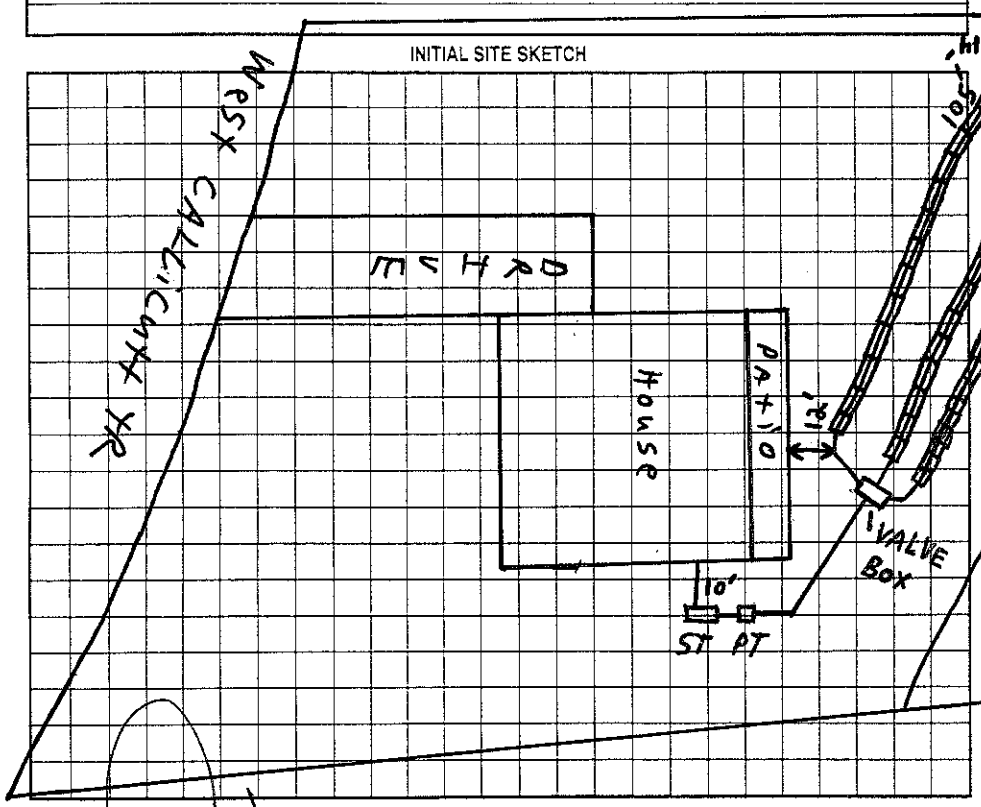
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

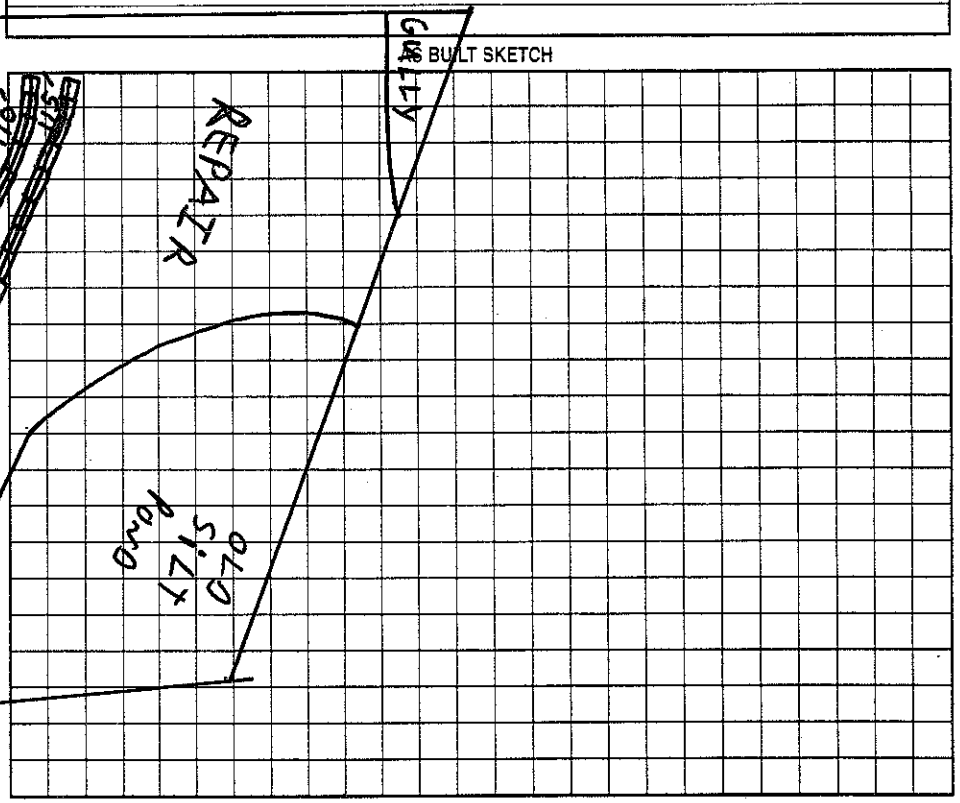
Comments/Conditions: INSTALL ON CONTOUR.

Comments/Conditions: 3' Ditches

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 8-23-05 Installed by: Larry Beam

Improvement Permit by: _____ date 8/15/05 Operation Permit by: Wesley Sanders date 11/21/05

Authorization to Construct by: _____ date 8/15/05 Existing System Inspection by: _____ date _____

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