IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111333 PIN# 4626-63-7315.36 4626736416 DATE June 20, 03

OWNER OR CONTRACTOR Crescent Resources Inc/Lake Forest Estate Strom Const. PHONE: Business _____ Home _____

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

LOCATION Barnsley Schl Rd. TR Southfork TR Kapp Place TR East Callicutt TR. TR Tannenbaum Ct. at end on Right

SUBDIVISION The Farms I BLOCK / SECTION 1 LOT 36 LOT AREA .44Ac SITE CLASS. PS DESIGN FLOW 400gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 338 Date 3/5/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' 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
Repair System Description: pm/LP 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

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

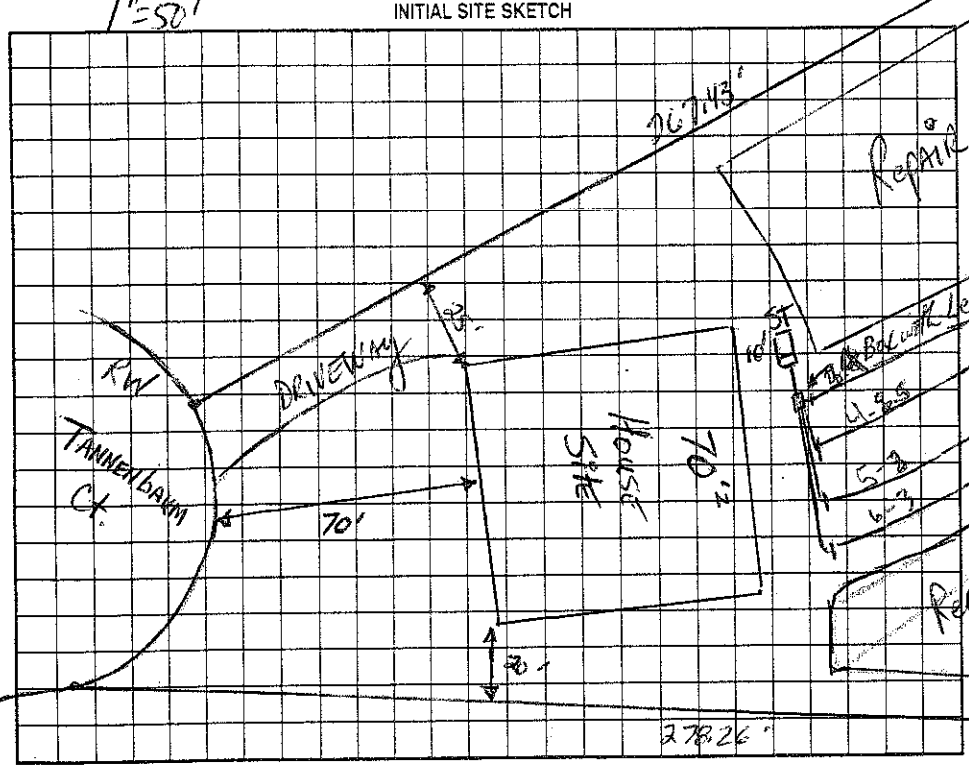
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments/Conditions: Reviewed site plan & building plans; essentially in compliance with Improvement permit.

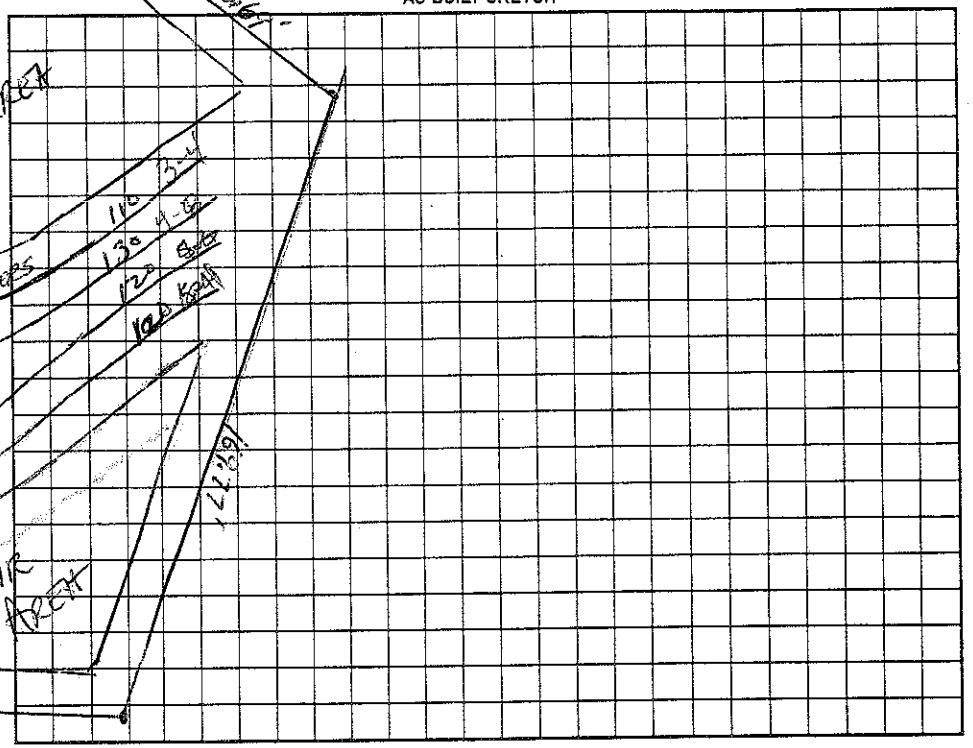
Comments/Conditions:

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- Installed by: Dave Clark

Improvement Permit by: _____ date 6-20-03 Operation Permit by: _____ date 4/11/05

Authorization to Construct by: _____ date 10/28/04 Existing System Inspection by: _____ date _____

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