3100 130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111332 PIN# 4626-63-7315.35 4626 73 7336 DATE June 20, 03

OWNER OR CONTRACTOR Crescent Resources Inc // LAKE FOREST EST LLC / WHITLEY & CO. PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR SouthFork TR Kapp Place TR East Calliott Tr. TR Tannenbaum Ct. AT End

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 35 LOT AREA .806 AC SITE CLASS. B DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 3/5/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400
No Lines 3+3 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: LA RBBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

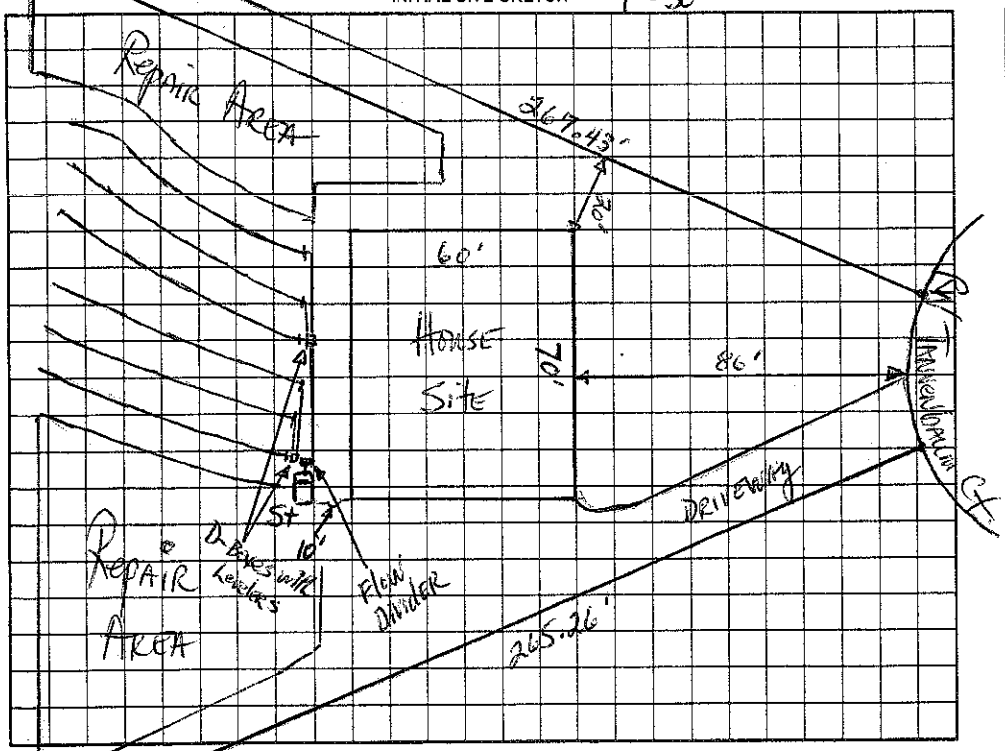
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

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Installed when Dry but was Rained in - Allowed to dry before Covering

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Infiltrator Installed

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 6-20-03 Installed by: Curt Dunning

Improvement Permit by: _____ date 6-20-03 Operation Permit by: _____ date 4/14/04

Authorization to Construct by: _____ date 10/7/03 Existing System Inspection by: _____ date _____

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