IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111301 PIN# ~~4626-63-7315.029~~ 4626737877 DATE June 19, 03

OWNER OR CONTRACTOR Crescent Resources dba/Lake Forest LLC Rangewood PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TR South Fork TR Kipp Place TR East Catawba Trail 6th lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 29 LOT AREA .881 Ac SITE CLASS 15 DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1000 1500 Gallons; STB 338 Date 3/15/05

Pump Tank: 1000 Gallons; PT 2+3 Date 3/15/05

Pump Make: Gould's Model WE2511HHG Serial No. B0338 KJ

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM-25% Reduction

Repair System Description: LPP BDS

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

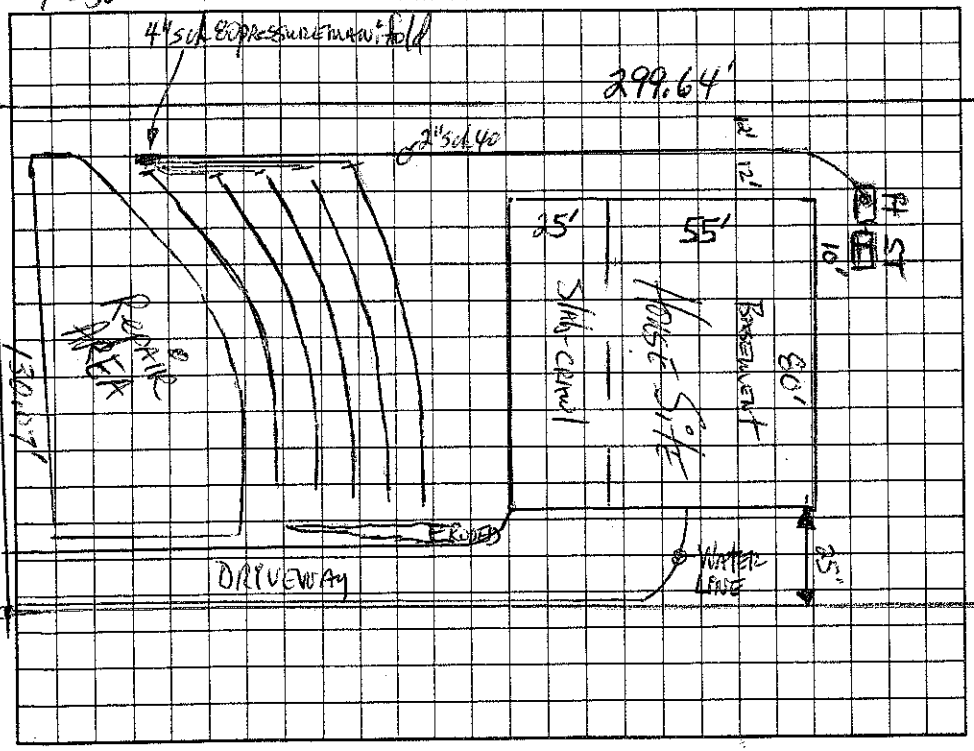
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

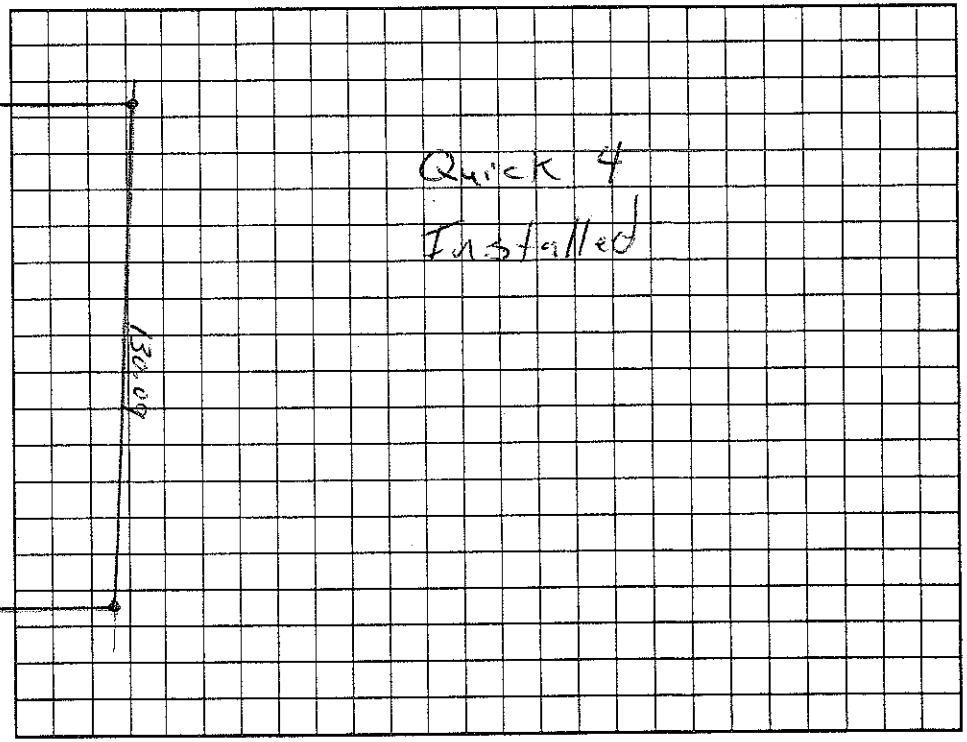
Comments:/Conditions: (PARTIAL)

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 plan 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 6-23-03 Installed by: Hallman Const.

Improvement Permit by: Robert Hanson, RS date 6-19-03 Operation Permit by: _____ RS date 5/24/05

Authorization to Construct by: Wesley Sparks RS date 7/23/04 Existing System Inspection by: _____ date _____

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