6/30 3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111319 PIN# ~~4626-63-7315.34~~ 4626739305 DATE June 20, 03

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

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

LOCATION Brawley Sch Rd. TR Southfork TR Kepp Place TR EAST Callicutt TRAIL TR Tanner Basin Ct. AT END

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 34 LOT AREA 1.248ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 338 Date 5-9-05
Pump Tank: 1000 Gallons; PT 27 Date 5-10-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420
No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM- 25% Reduction
Repair System Description: SAME
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

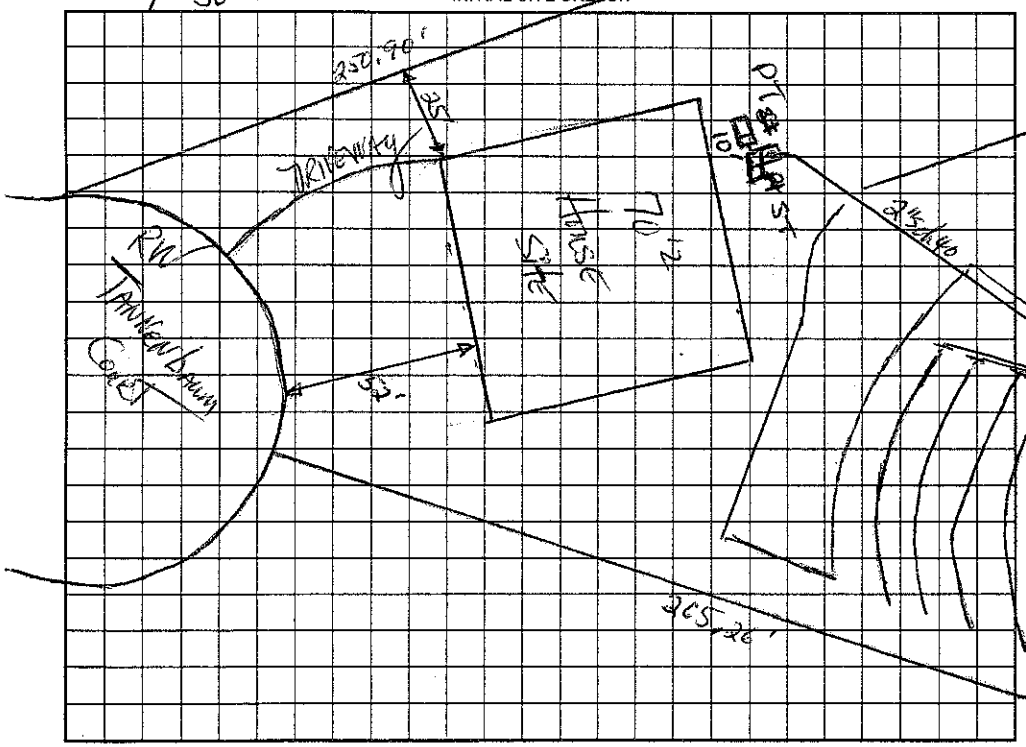
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

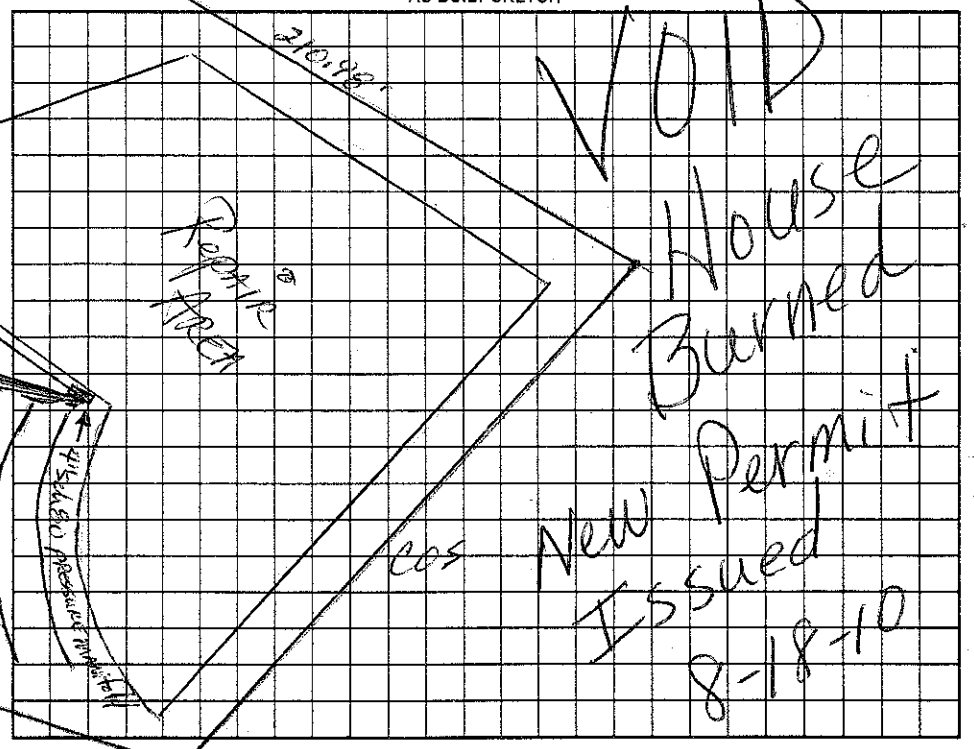
Comments:/Conditions: Used plastic Chambers (Quick 4)
Checked tanks & lines 6/14/05

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 will not 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: Steve Jordon

Improvement Permit by: Mark R. Thomson, RS date 6-20-03 Operation Permit by: Wesley Sparks R.S. date 7/21/05

Authorization to Construct by: Wesley Sparks R.S. date 11/2/04 Existing System Inspection by: _____ date _____

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