IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111252 PIN# 4626-63-7315.023 4626740186 DATE June 18, 03

OWNER OR CONTRACTOR Crescent Resources dba/ Lakefront LLC / E.S. Johnson PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR South Fork TR Kapp Place to end TR East Callicutt Tr. 1st Lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 23 LOT AREA 1.491 Ac SITE CLASS PS DESIGN FLOW 400gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 2-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 800 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: (GRADity 25% Reduction

Repair System Description: 1 LPP/PBPS// LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

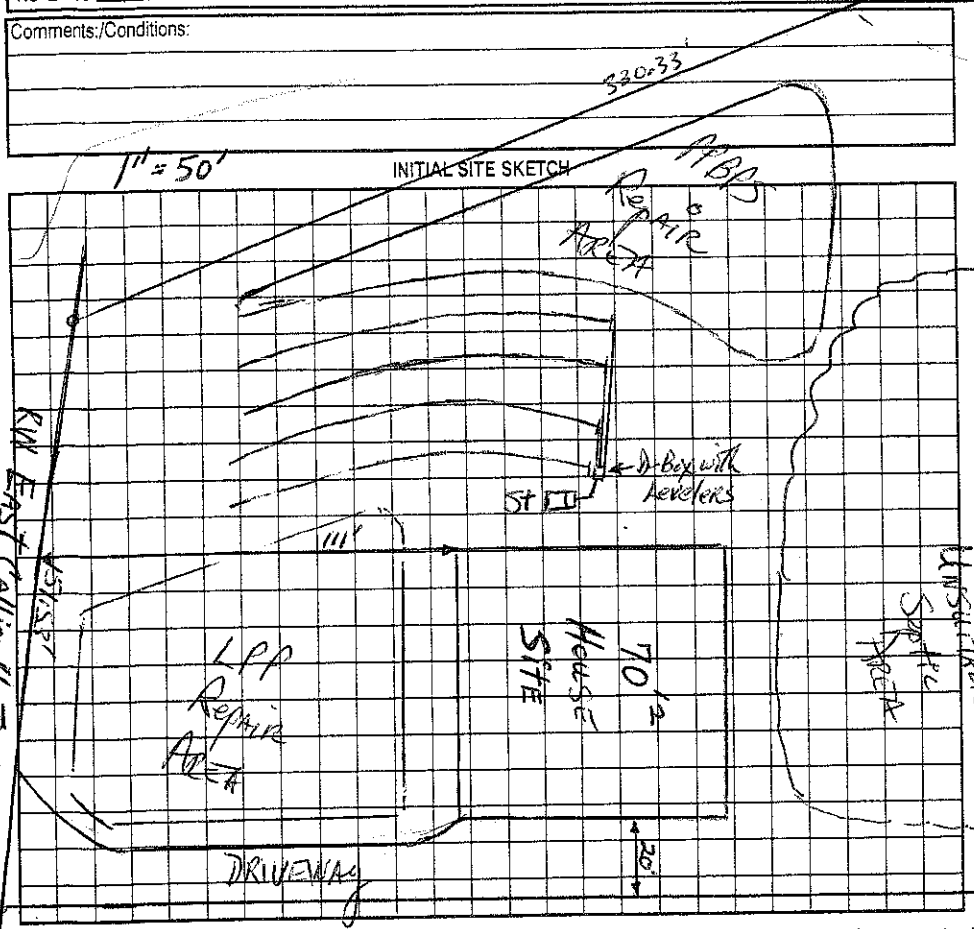
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: Reviewed Building plans 10/11/05, essentially in Compliance with EP. Note: Office has Non-Functioning windows

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed Quick 4 as Shown

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 6-27-03 Installed by: Willie Christenbury date 3/16/06

Improvement Permit by: _____ date 6-18-03 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 10/11/05 Existing System Inspection by: _____ date _____

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