IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111270 PIN# 4626-63-7315, p.42 / 4626740687 DATE June 24, 03

OWNER OR CONTRACTOR 90.01' Crescent Resources Inc / Lake Forest Est LLC / Jeff Hanson PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR Southfork Bear Right on Agnew TR Caldwell Creek Dr. TR Magnolia Farms Ln. on Right

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 42 LOT AREA 2.012 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. No. 225

Septic Tank: 1000 Gallons; STB 444 Date 1-15-07

Pump Tank: 1000 Gallons; PT 283 Date 1-15-07

Pump Make: Myers Model ME 50 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 620 Linear Feet 540

No Lines 6 @ 90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

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

System Description: PM 25% Reduction

Repair System Description: LPP 25% Reduction & LPP

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

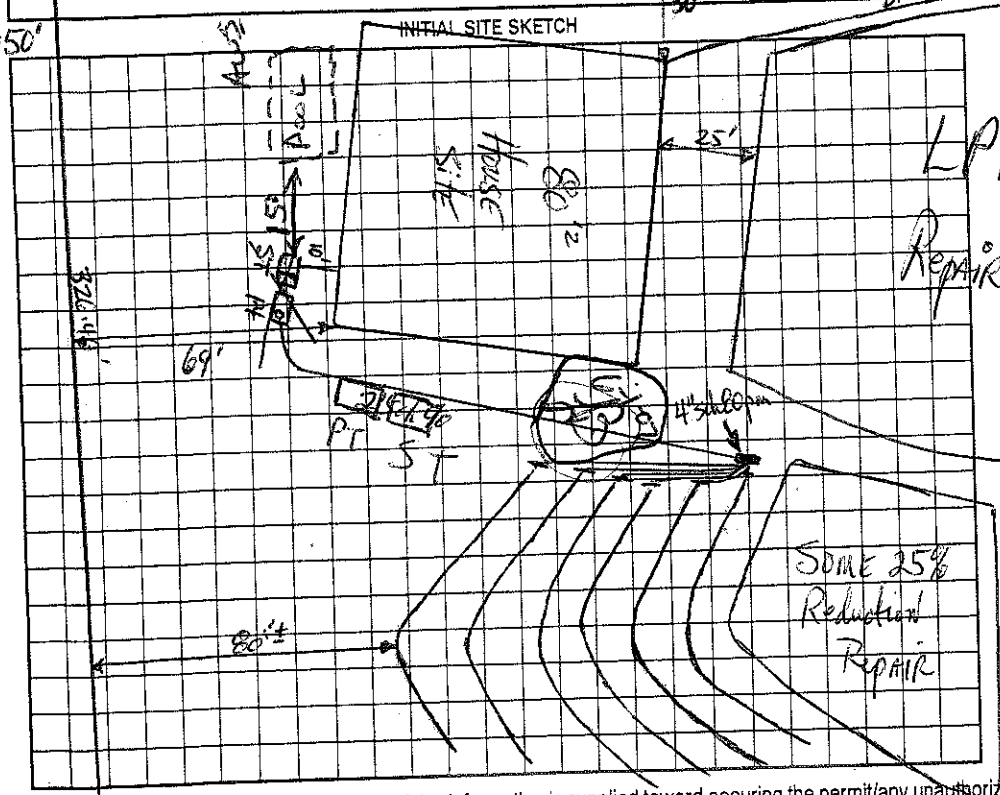
Water Supply: ☐ Individual ☑ ~~Public~~ ☐ Community

Comments:/Conditions:

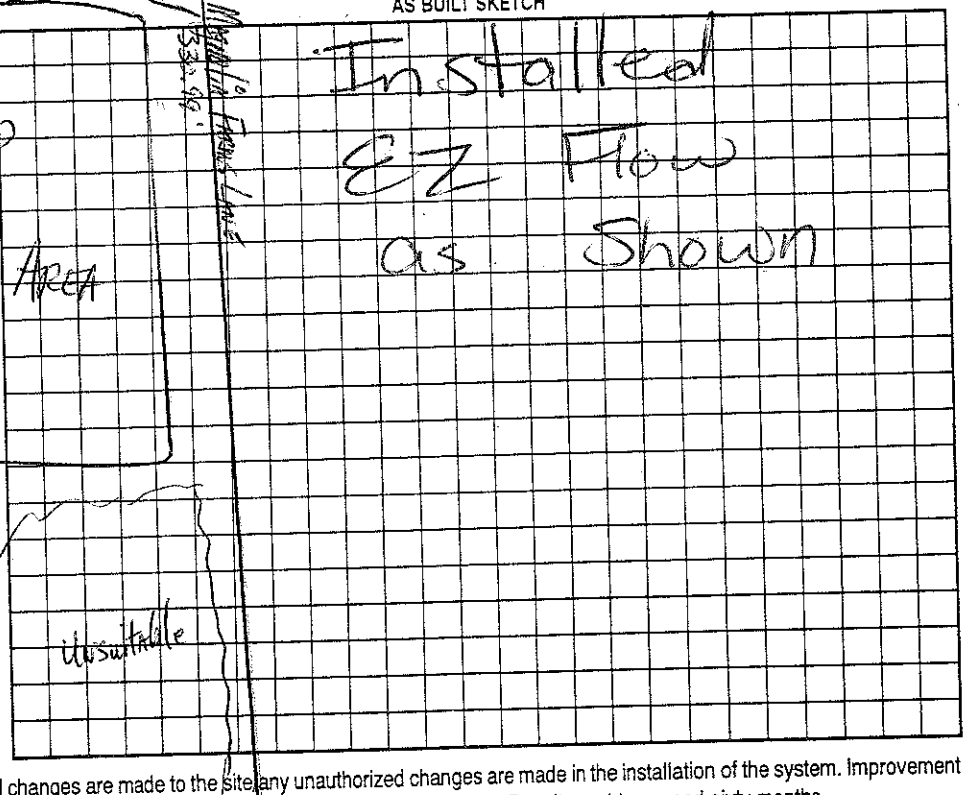
Comments:/Conditions: Checked tanks & lines 2/20/07

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: _____ 311.57' date 6-27-03 Installed by: Willie Christenbury RS date 4/30/07

Improvement Permit by: D.R. Hanson JR date 6-24-03 Operation Permit by: Maria H. Dobson date _____

Authorization to Construct by: Wesley Sparks RS date 9/14/06 Existing System Inspection by: _____ date _____

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