IREDELL COUNTY HEALTH DEPARTMENT

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

375 4:00

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

PERMIT# 111267 PIN# ~~4626-63-7315.24~~ 4626-74-2068 DATE June 18, 03

OWNER OR CONTRACTOR Crescent Resources dba/LAKEFOREST LLC/COURTLAND PROPERTIES PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR South Fork TR Kipp Place TR East Callicutt Tr 2nd lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 24 LOT AREA 1.337 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 421 Date 6-26-04

Pump Tank: 1000 Gallons; PT 27 Date 7-9-04

Pump Make: ~~Covers~~ Myers Model ME 50 S21 Serial No. _____

Nitrification Field: No Fields 4 Square Feet 640/960 Linear Feet 320

No Lines 4 Trench Width 24" MW 8'oc Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: LPP BPS

Repair System Description: LPP BPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

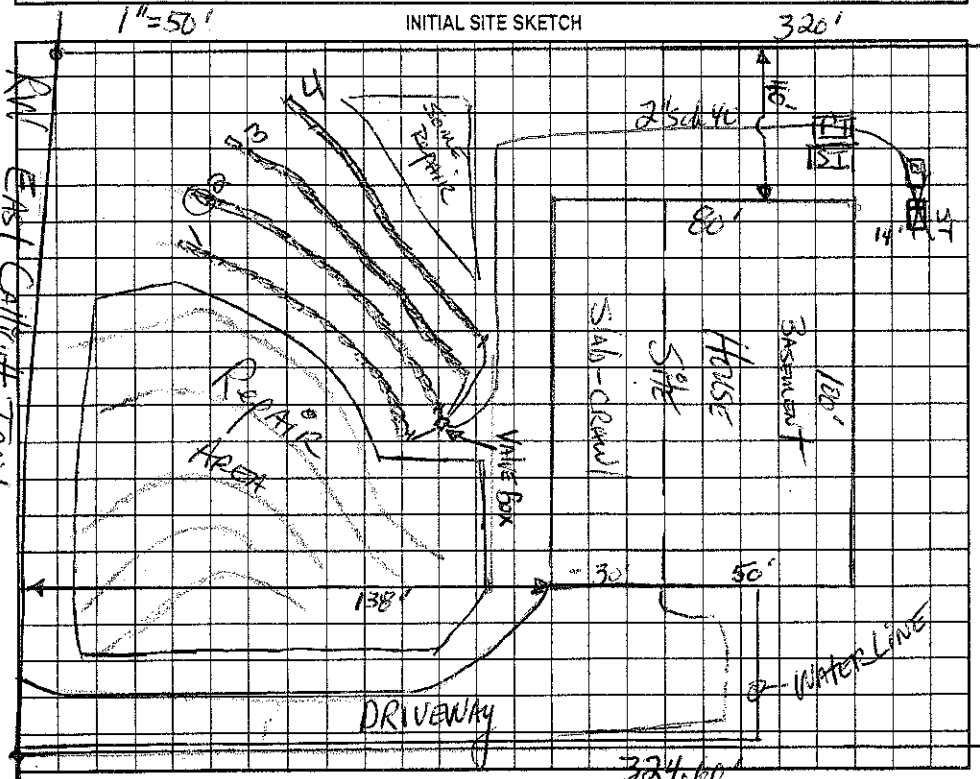
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

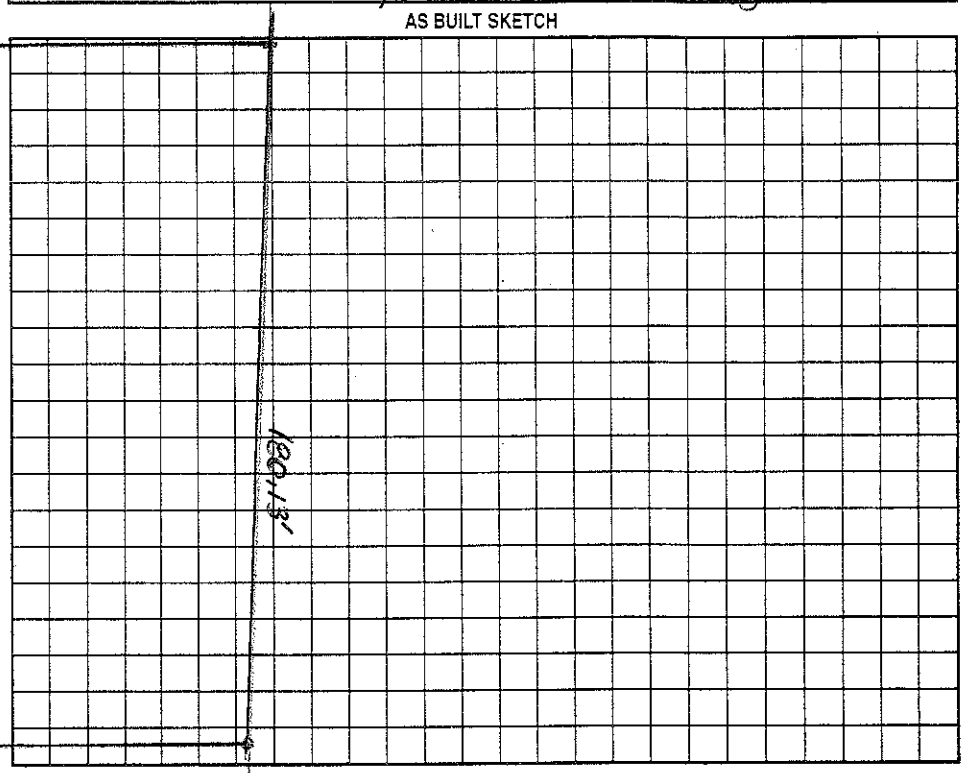
Comments/Conditions: @ 36" MW 9'oc

Comments/Conditions: Checked (Final) Line 2 8/11/04 – 18 Panels ~ 75' Per Builder Foundation drain Only on opposite Side. 72 Panels 3/16" Low

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: _____ date 6-27-03 Installed by: Stanley Septic

Improvement Permit by: _____ date 6-18-03 Operation Permit by: Wesley Sparks RS date 12/1/04

Authorization to Construct by: _____ date 4/19/04 Existing System Inspection by: _____ date _____

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