IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-60[illegible]

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

PERMIT# 112088 PIN# 4626-63-7315.57 4626-74-4981 DATE July 7, 03

OWNER OR CONTRACTOR Crescent Resources c/o Lake Forest LLC / T. Whalen Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte

LOCATION Brawley Sch Rd. TR South Fork Bear Right on Agnew TR Caldwell Creek TR Magnolia Farms on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 57 LOT AREA 1.251 Ac SITE CLASS. B DESIGN FLOW 480 gpd L.T.A.R. .25 Initial / .2 Repair

Septic Tank: 1000 Gallons; STB 338 Date 2/16/04

Pump Tank: 1000 Gallons; PT 27 Date 2/16/04

Pump Make: Goulds Model WE0S 12HU Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: pm - 25% Reduction

Repair System Description: LPPPBPS

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

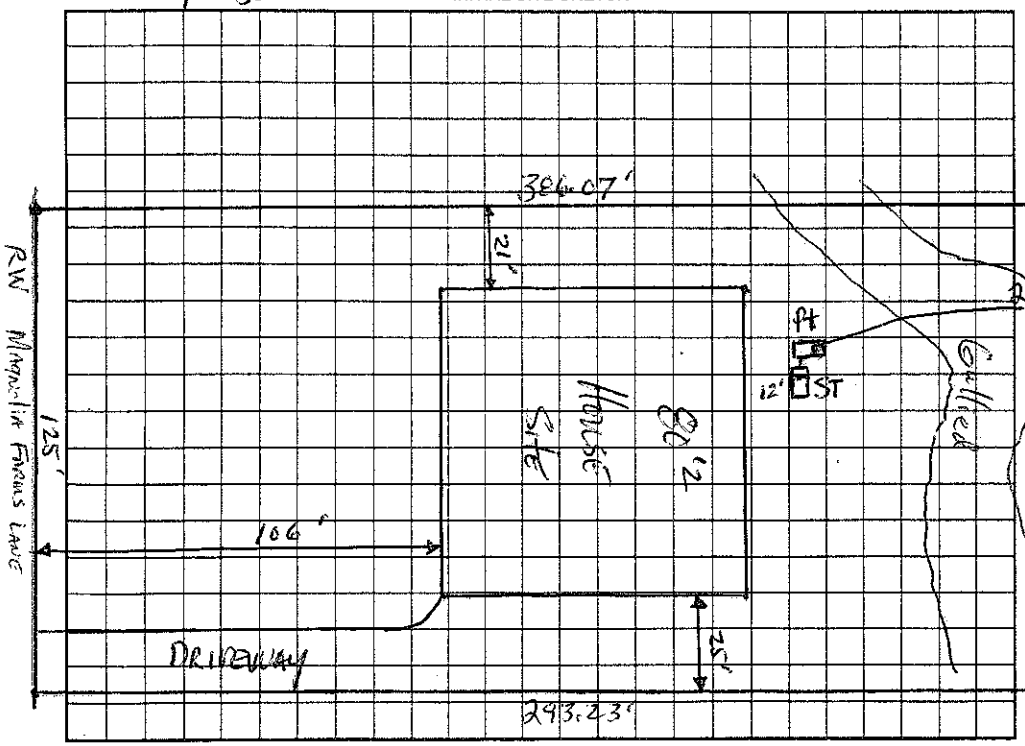
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

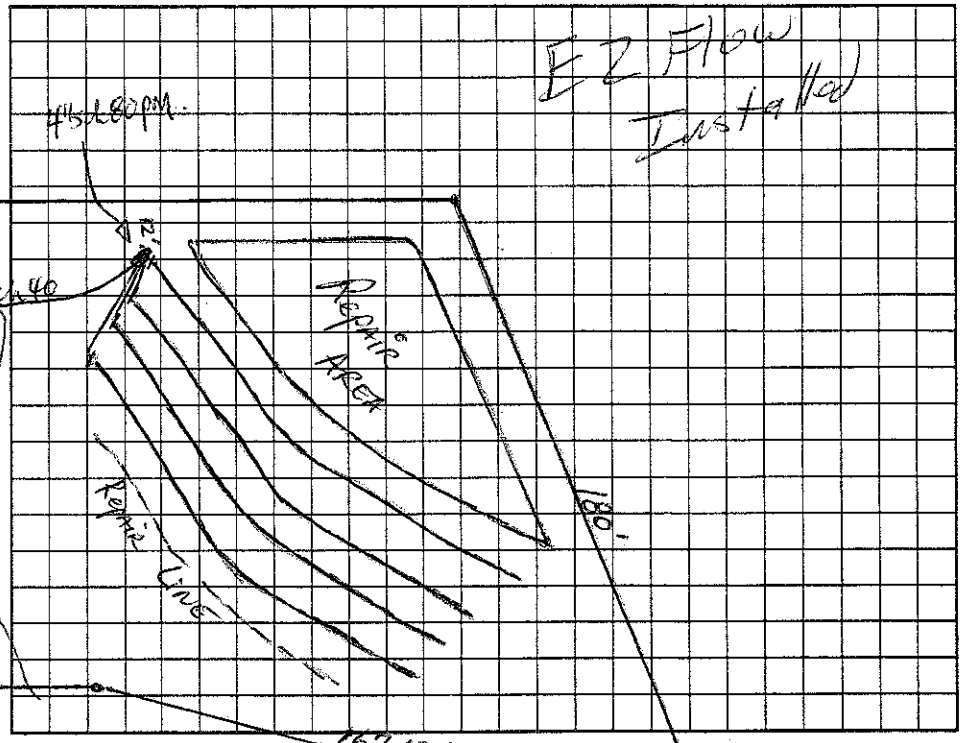
Comments:/Conditions:

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: _____ date 7-14-03 Installed by: Larry Beam

Improvement Permit by: _____ RS date 7-7-03 Operation Permit by: _____ RS date 7/13/04

Authorization to Construct by: _____ RS date 11/18/03 Existing System Inspection by: _____ date _____

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