IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112008 PIN# ~~4626-63-7315.44~~ 4626745371 DATE June 23, 03

OWNER OR CONTRACTOR Crescent Resources LLC / Robinette B/Ds PHONE: Business _____ Home _____

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

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

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 41 LOT AREA 1.785 Ac SITE CLASS. FS DESIGN FLOW ~~480~~ 360 gpd L.T.A.R. .225

Septic Tank: 1000 Gallons; STB 338 Date 4-15-05

Pump Tank: 1000 Gallons; PT 283 Date 4-19-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535

No. Lines 5@107' Trench Width 36" Max Trench Bottom Depth* 20"

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

System Description: Pm Shallow 25% Reduction

Repair System Description: Same or LPP

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

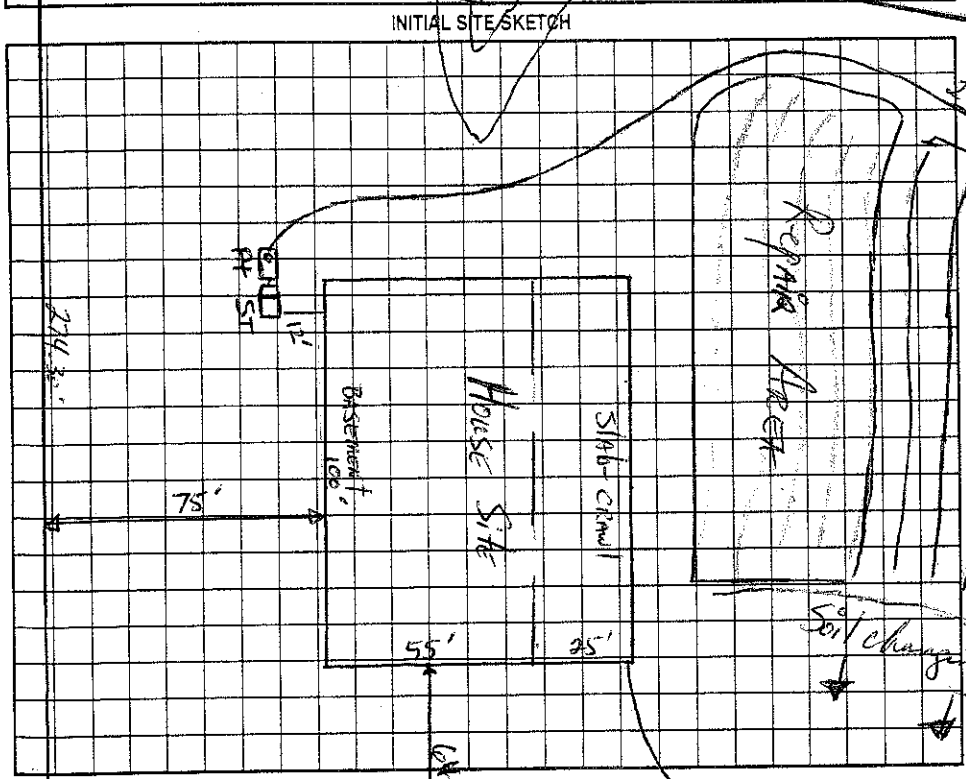
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

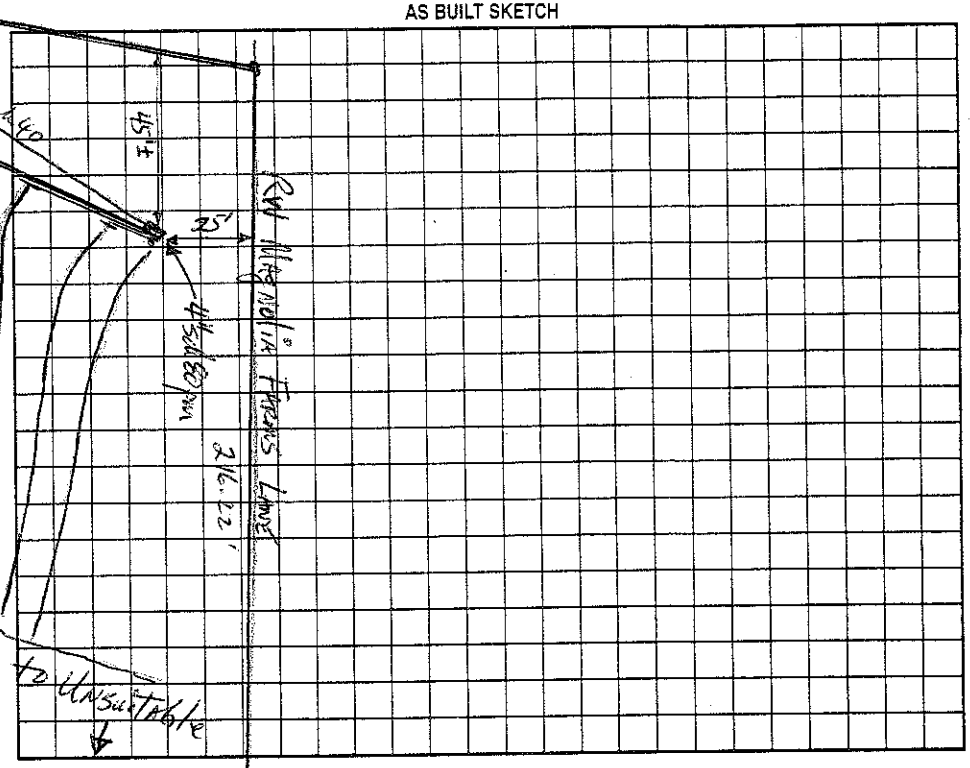
Comments:/Conditions: * Installer Note Max trench bottom depth!

Comments:/Conditions: (Partial) Checked 3 of 5 lines 5/25/05 Checked other 2 lines & tanks 5/26/05

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: Gerald Tucker

Improvement Permit by: _____ date 6-23-03 DRIVEWAY Operation Permit by: _____ date 12-29-05

Authorization to Construct by: _____ date 12/15/04 Existing System Inspection by: _____ date _____

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