IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112013 PIN# 4626-63-7315.46 4626-74-8301 DATE July 10, 03

OWNER OR CONTRACTOR Crescent Resources, dba Lake Forest Estate / Robinette BID PHONE: Business _____ Home _____

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

LOCATION Primary St Rd TR South Fork Bear Right as Agnew TR Caldwell Creek TR Magnolia Farms to end - Jct w/ Dunn-Ross Ct. Lot on South Side Ext.

SUBDIVISION The Farms / BLOCK / SECTION 1 LOT 46/46A LOT AREA .938 + .423 AC SITE CLASS. PS SFE% DESIGN FLOW 480gpd L.T.A.R. .25 + .3 SFE on North Side Ext

Septic Tank: ~~1000~~ 1500 Gallons; STB _____ Date 1-16-06

Pump Tank: 1000 Gallons; PT _____ Date 12-4-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440

No Lines 4@110' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CM-25% Reduction

Repair System Description: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

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

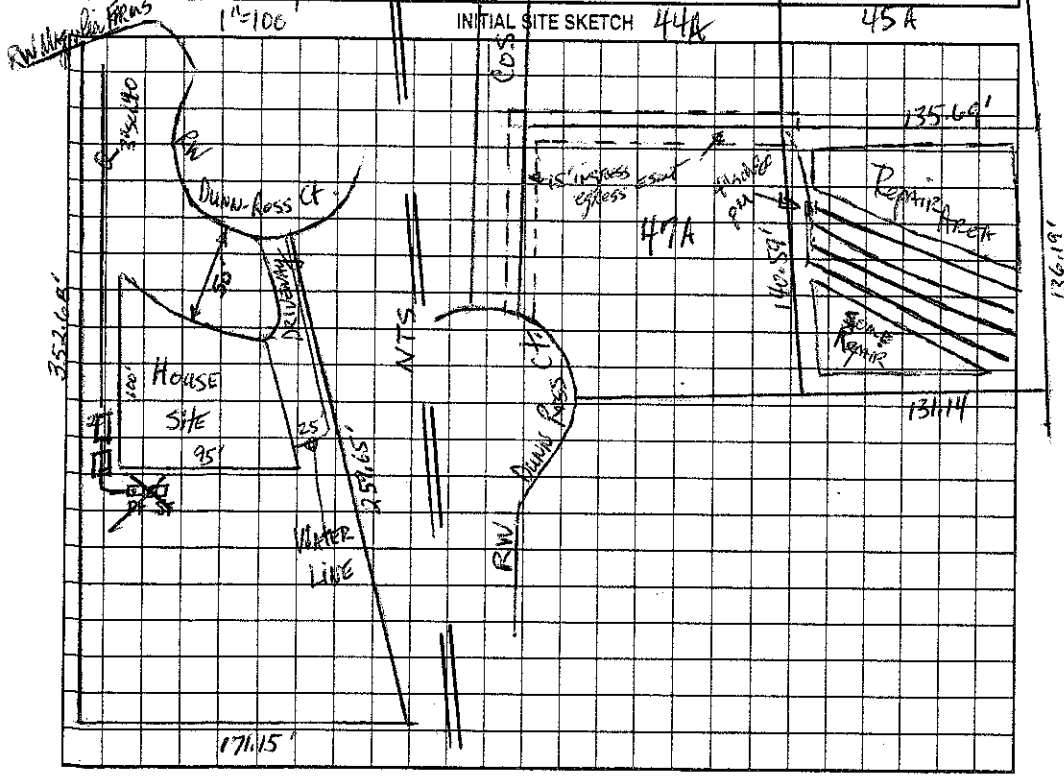
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: 2/27/06 Checked tanks & 1 line

2/28/06 Checked other lines

INITIAL SITE SKETCH 1"=100'



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: Gerald Tucker

Improvement Permit by: _____ date 7-10-03 Operation Permit by: Judy Merrill date 4-10-06

Authorization to Construct by: _____ date 9/29/05 Existing System Inspection by: _____ date _____

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