375

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112079 PIN# ~~4626-63-7315.54~~ 4626-74-8710 DATE July 2, 03

OWNER OR CONTRACTOR Crescent Resources Char/Lake Forest Est LLC / JS REGAL LLC PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR Southfork BEAR Right on Agnew TR Caldwell Creek TR Magnolia Farms on left at jct w/ Dunn Ross Ct.

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 54 LOT AREA .887 ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 6/6/04
Pump Tank: 1000 Gallons; PT 29 Date 6/20/04
Pump Make: Goulds Model WEC-512HH Serial No. A0456580
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 220
No Lines 3@90° Trench Width 24"/18" Bloc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

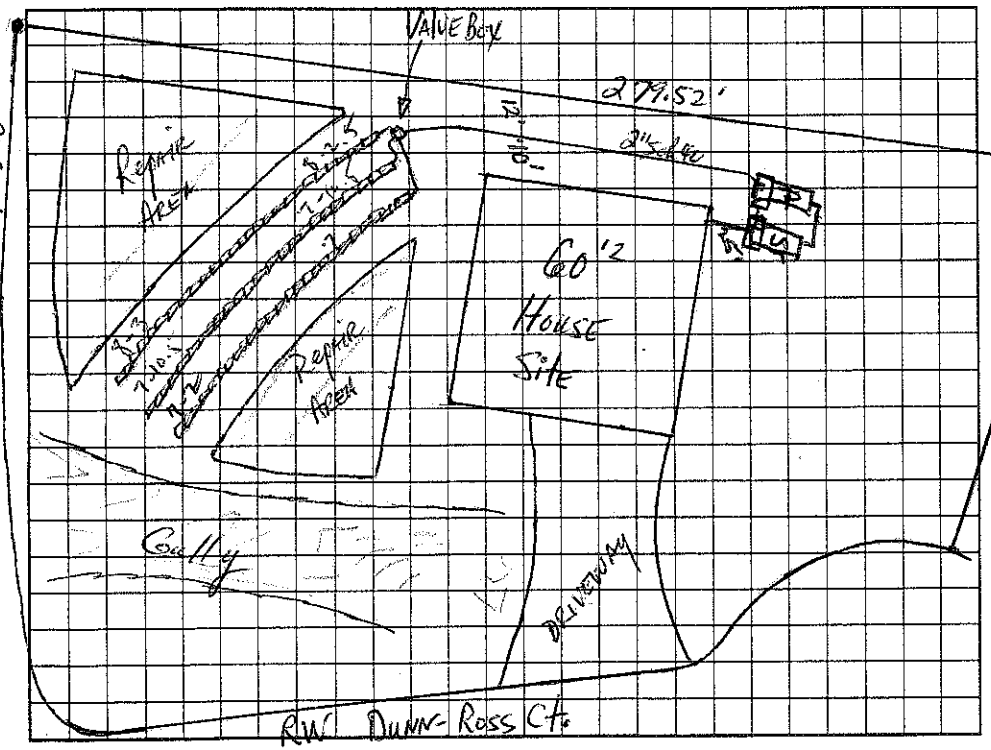
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

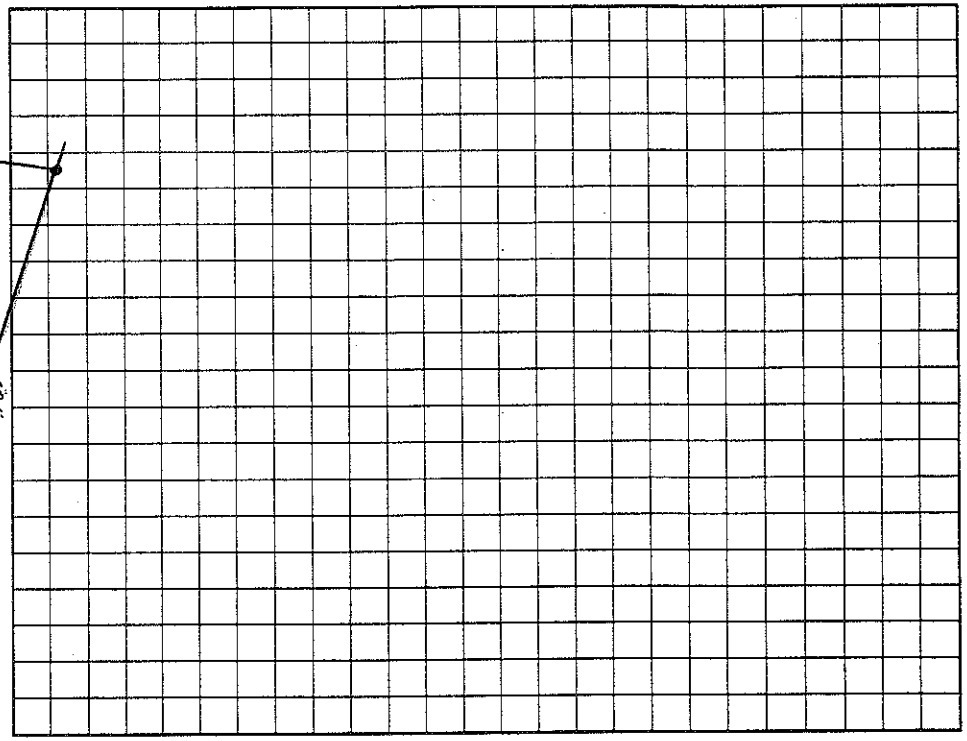
Comments:/Conditions: @ 36" max 90c

Comments:/Conditions:

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 3-16-04

Improvement Permit by: _____ date 7-2-03

Authorization to Construct by: _____ date 11/25/03

Installed by: Dobson & Sons

Operation Permit by: _____ date 9/3/04

Existing System Inspection by: _____ date _____

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