IREDELL COUNTY HEALTH DEPARTMENT

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

(3.30)

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

PERMIT# 0606509 PIN# ~~4644484479~~ pt 4644379701 DATE 11/9/99

OWNER OR CONTRACTOR Crescent Resources / Mark Jacobs PHONE: Business 964-6436 Home 892-5975

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION Langtree TL Mecklynn TR West Paces Rd

SUBDIVISION Westview BLOCK / SECTION ____ LOT 23 LOT AREA 1.02 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-20-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 6 at 50' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity - Panel Blk

Repair System Description: Pump - Panel Blk

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

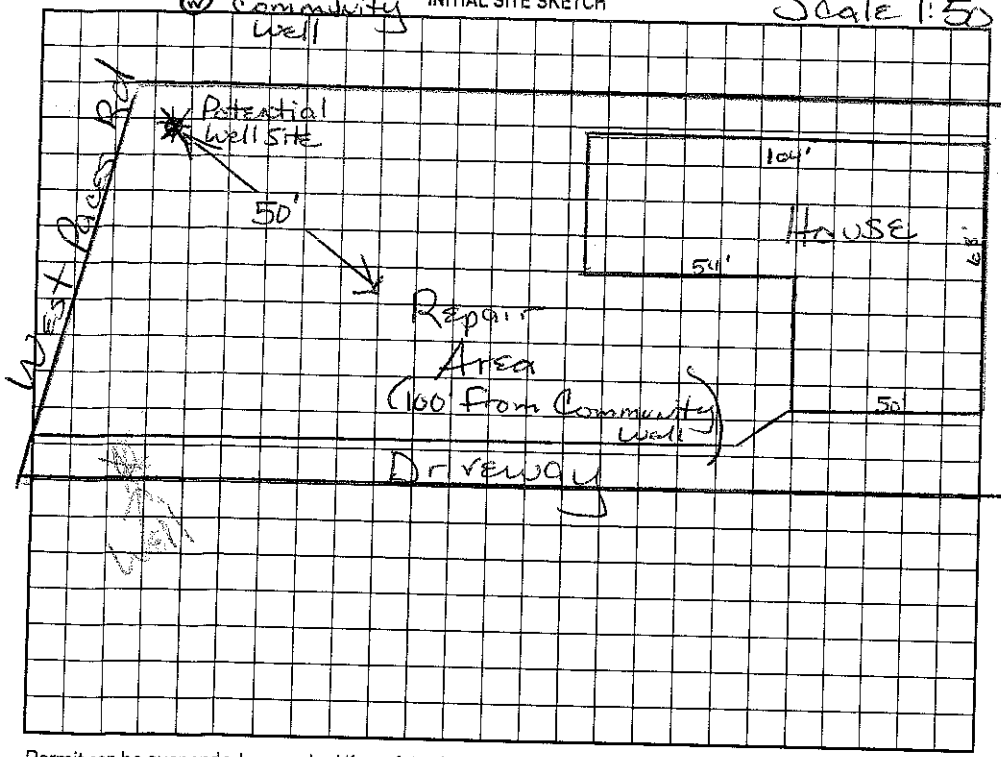
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL, 50' From Lake 50' From private well & 100' From Community well.

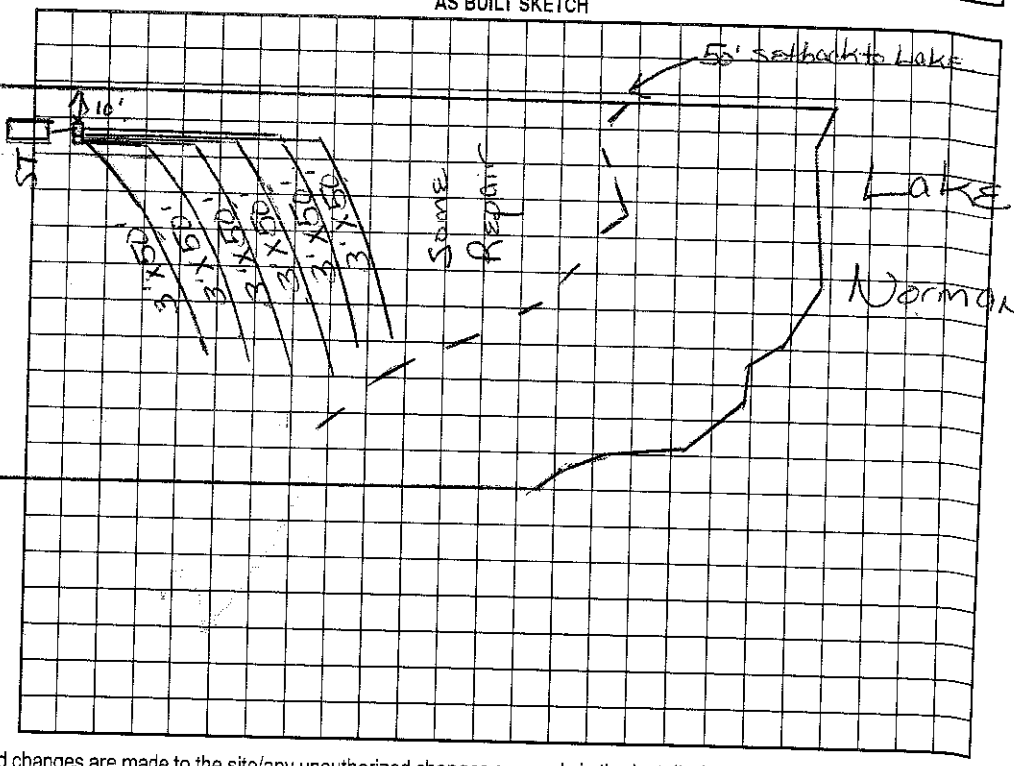
Comments:/Conditions: Replaces permit dated 4/28/99

Installed as Drawn

INITIAL SITE SKETCH Scale 1:50



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 12/15/99

Improvement Permit by: Maina H. Dotson R.S. date 11/9/99

Authorization to Construct by: Maina H. Dotson R.S. date 11/9/99

Installed by: E.T. Ervin

Operation Permit by: Maina H. Dotson R.S. date 4/20/2000

Existing System Inspection by: ____ date ____

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