IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 131310 PIN# ~~4626 07 1828.496~~ 4626189995.000 DATE Sept 29, 05

OWNER OR CONTRACTOR The Farms LLC / Mecklenburg Homes PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville, N.C. 28117

LOCATION Brawley School Rd TR McKendree TR Barefoot Ln. TR East Cold Hollow Farms Dr. on Right near end

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 496 LOT AREA .941 Ac SITE CLASS. RS DESIGN FLOW 400gpd L.T.A.R. e 3 initial exp. @ 25 Repair

Septic Tank: ~~1000~~ + 1500 Gallons; STB 338 Date 4/29/06

Pump Tank: 1000 Gallons; PT 283 Date 4/25/06

Pump Make: Gould's Model WE03121 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Conv 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

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

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

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

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: 5/31 Tanks & lines checked by GM

Physical site evaluation and system design performed by Paul Pennington and Kathleen Haven of SoME

Comments:/Conditions: Pressure, elect. & alarm

INITIAL SITE SKETCH

SEE Plan from SoME

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: Kathleen Haven date 9/30/05

Improvement Permit by: _____ RS date 9-29-05

Authorization to Construct by: _____ RS date 3/2/06

Installed by: Abernathy

Operation Permit by: _____ RS date 10/17/06

Existing System Inspection by: _____ date _____

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