IREDELL COUNTY HEALTH DEPARTMENT

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

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

4626079058

PERMIT# 13|2791 PIN# 4626071848.485 DATE 3/20/07

OWNER OR APPLICANT Jasper Builders PHONE: Business _____ Home _____

ADDRESS 804 N Main St Mooresville 28115

LOCATION Brawley School Rd, TR McKendree TR Base Foot N, TR E Cold Hollow Farm on Left

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 485 LOT AREA 1.21 Acre SITE CLASS. P.S. DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 244 Date 6/15/07
Pump Tank: 1500 Gallons; PT 333 Date 5/25/07
Pump Make: Crowder Model Redi-Flo Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400
No. Lines 4 Trench Width 24"/36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Low Pressure Panel
Repair System Description: Low Pressure Panel
Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____
No. Bedrooms 3 No. Persons _____ No. Employees _____

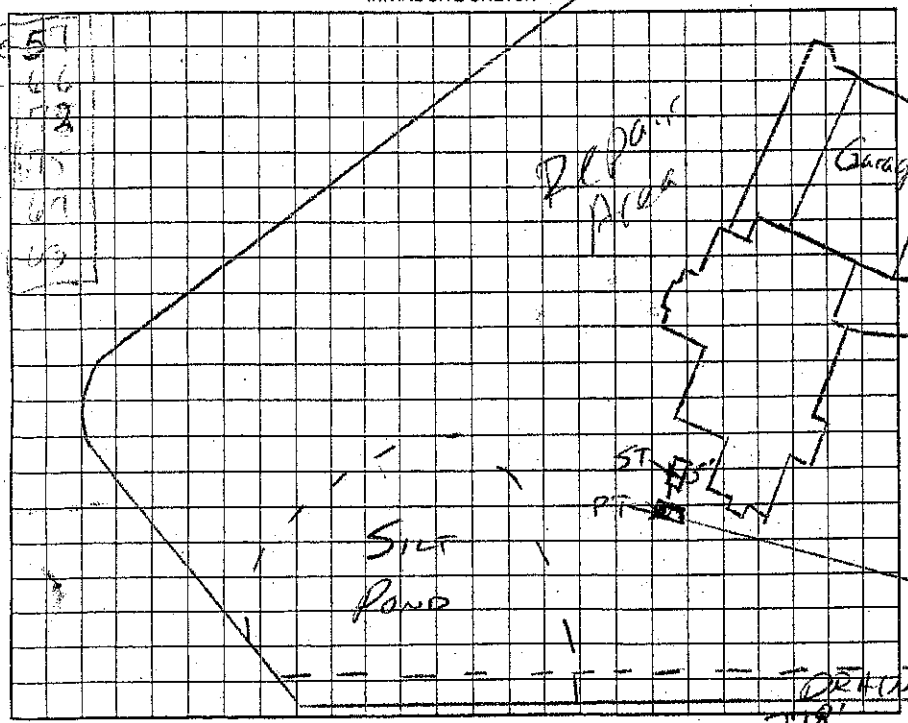
Water Supply: ☐ Individual ☐ Public ☒ Community

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

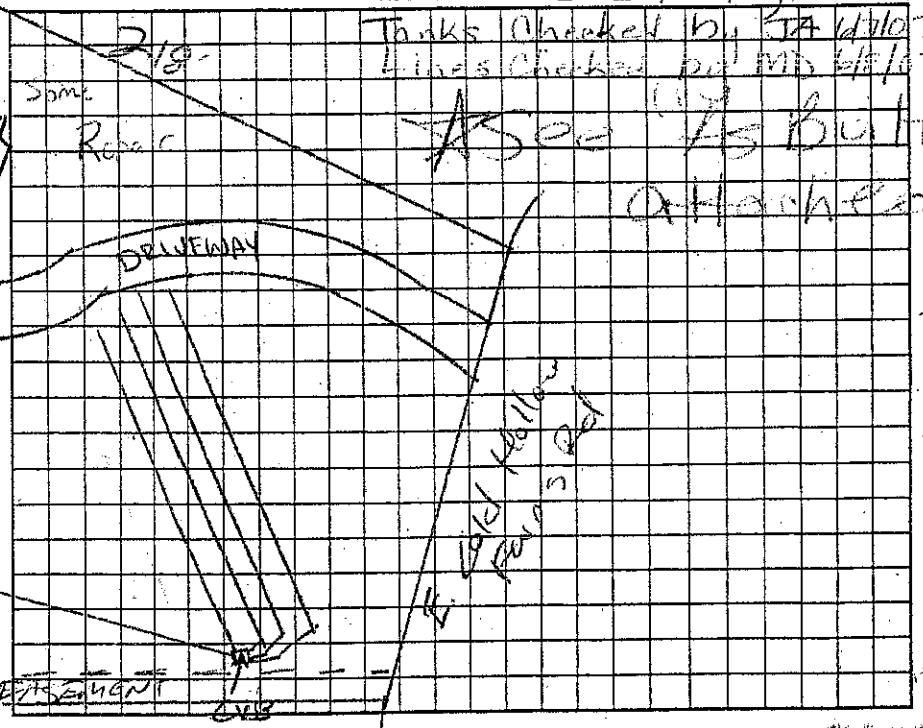
Comments/Conditions:
1) #4 lines equaling 400' total on contour - pressure dosed
2) Stay 3' off driveway
3) 10' off any R/W

Comments/Conditions:
House & driveway installed encroaching on drainfield plus utilities R/W next to drive - Re-layout to 6 lines, LP Panel, as shown at

INITIAL SITE SKETCH



AS BUILT SKETCH Corrects long lines shown*



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: Terri Crawley date 3-21-07 Installed by: Richard Abernathy

Improvement Permit by: Jack E Ault date 3/20/07 Operation Permit by: Jack E Ault date 7/5/07

Authorization to Construct by: Jack E Ault date 3/20/07 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131279 PIN# 4626071828.485 DATE 7/13/07

OWNER OR APPLICANT Jasper Builders PHONE: Business _____ Home _____

ADDRESS 804 N. Main St Mooresville, NC

LOCATION Brawley School Rd TR McKendree TR Boone Foot Ln TR E Cold Hollow Farm

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 485 LOT AREA 1.21 Acre SITE CLASS PS DESIGN FLOW 600 gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 2 Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: LP Panel Block

Repair System Description: same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

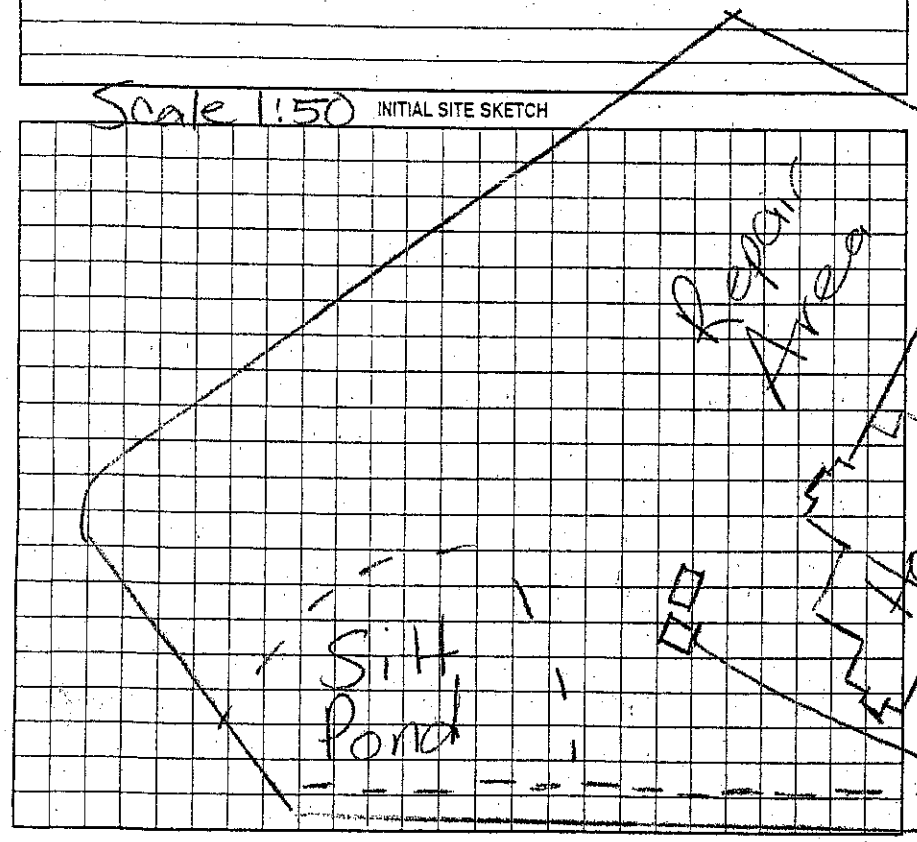
Water Supply: ☐ Individual ☒ Public ☒ Community

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

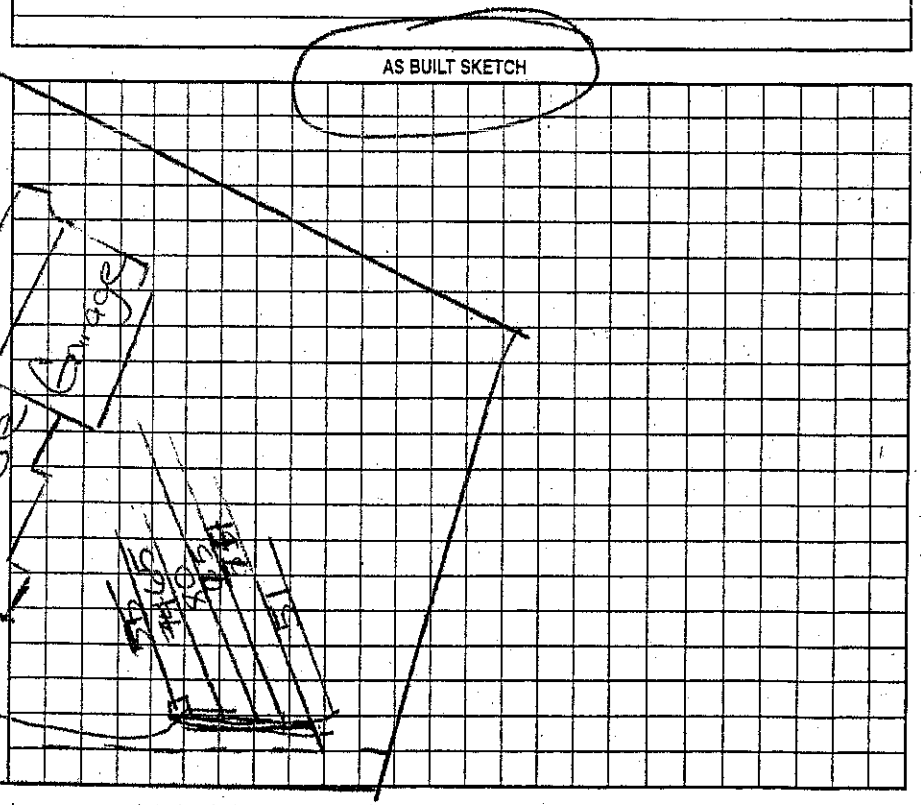
Comments:/Conditions:

Comments:/Conditions: Lines = 51, 74, 75, 80, 65 & 55

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: _____ date _____ Installed by: Richard Abernathy

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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