IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13303 PIN# ~~4626071828.493~~ 4626292364 DATE Sept 21, 05

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

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

LOCATION Brawley Sch Rd. TR McKendree TR Bare Foot Ln. TR East Cold Hollow Farms Dr. at end

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 493 LOT AREA .942 ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 4/2/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ 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 NA

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

System Description: Gravity 25% Reduction "accepted"

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: System may need to be installed in 5 lines - GM 1/11/06

Initial site evaluation and system design performed by Paul Pennington and Kathleen Hanks of S&ME

Comments/Conditions:

INITIAL SITE SKETCH

SEE Plan from S&ME

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 9-29-05 Installed by: Abernathy

Improvement Permit by: _____ date 9-21-05 Operation Permit by: _____ RS date 5/17/06

Authorization to Construct by: _____ RS date 1/11/06 Existing System Inspection by: _____ date _____

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