IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131305 PIN# ~~4626070718 28.444~~ 4626-29-3105 DATE 8-31-06

OWNER OR APPLICANT T. Whelan Homes PHONE: Business 662-6460 Cell Home 400-8932

ADDRESS P.O. Box 4419 Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR Bare Foot Ln TR East Cold Hollow Farms at end on Right

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 494 LOT AREA 1.191 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 8-14-06
Pump Tank: 1500 Gallons; PT 477 Date 8-13-06
Pump Make: Goulds Model WEP7121HC Serial No.
Nitrification Field: No Fields 1 Square Feet 1002 Linear Feet 334'
No Lines 3 Trench Width See Note Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Pump-4-Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☒ Public ☒ Community

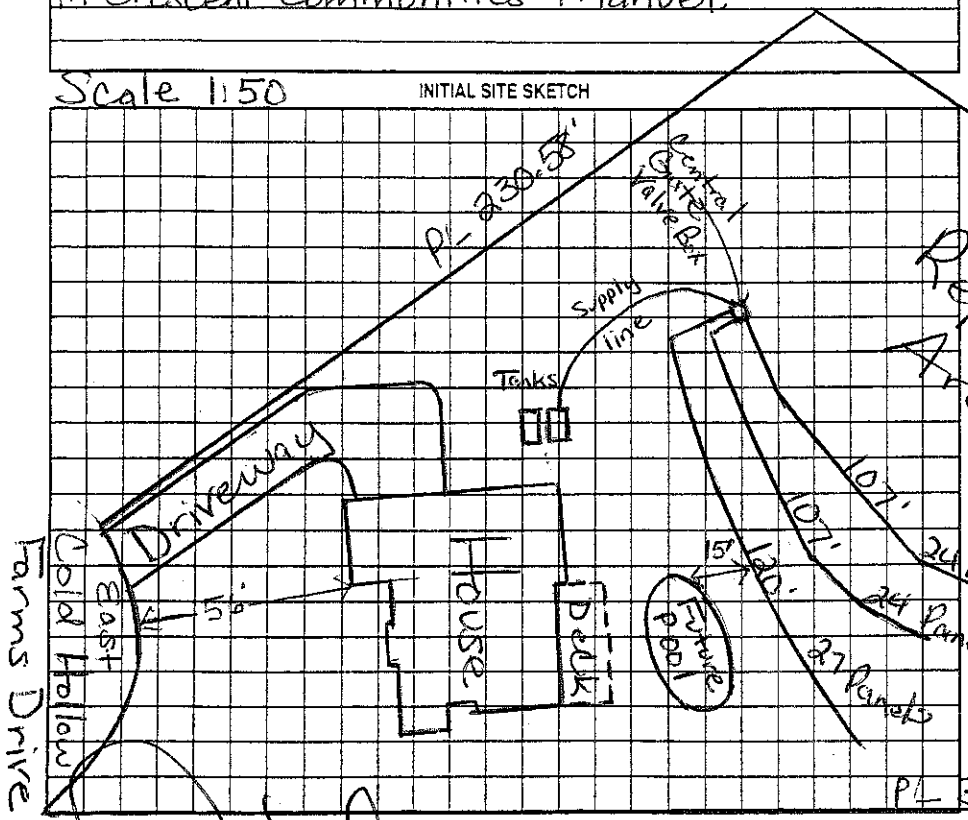
☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Note: Use trench width as specified in Crescent Communities Manuel

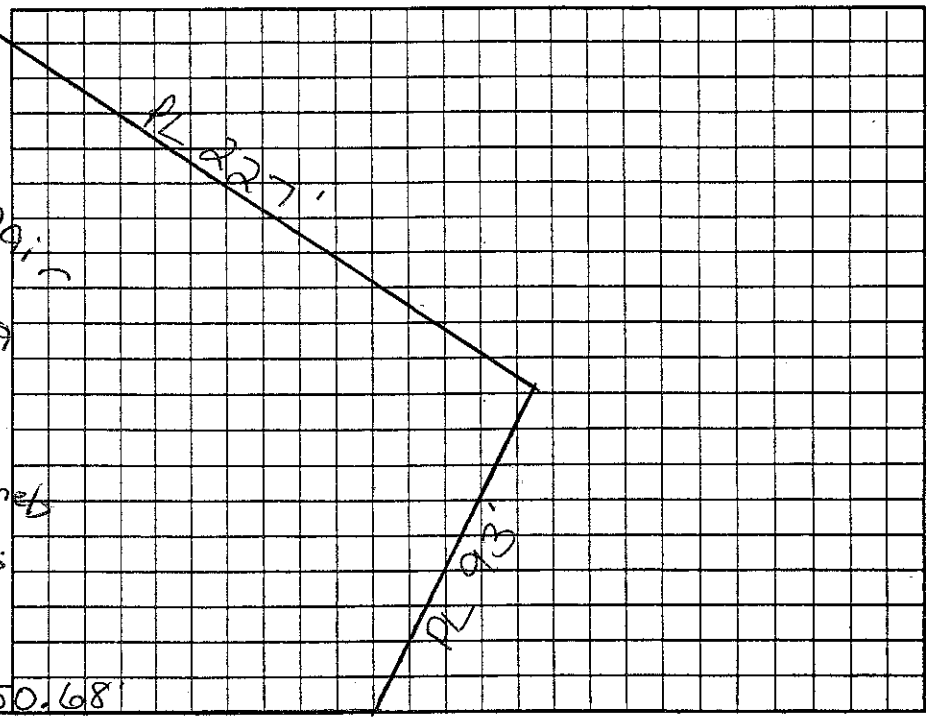
Comments/Conditions: ☒ Must keep "Future pool" as least 15ft from Septic System Tanks lines & pressure 9/18/06
Drilled at 3/16" Hole. Set 13ft head 9/19/06

Scale 1:50

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 _____ Installed by: Orbison & Sons

Improvement Permit by: Maria H. Dotson RS date 8/31/06 Operation Permit by: Maria H. Dotson RS date 10/5/06

Authorization to Construct by: Maria H. Dotson RS date 8/31/06 Existing System Inspection by: _____ date _____

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