IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11937 PIN# ~~4626384001373~~ 4626365523.000 DATE 10/4/05

OWNER OR CONTRACTOR The Hoke Company PHONE: Business 799-7495 Home 201-0264

ADDRESS P.O. Box 4448 Mooresville NC 28117

LOCATION Brawley School Rd TR McKendree TL Kemp 1/2 on right just past Agnew #344 Kemp

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 373 LOT AREA 1.37 Acre SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R .3

Septic Tank: 1500 Gallons; STB 338 Date 1-3-06 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 477 Date 12-30-05 System Description: Pump-PM - 25% Reduction

Pump Make: Goulds Model WE0312M Serial No. Repair System Description: Pump - Panel Block

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 4 @ 125' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

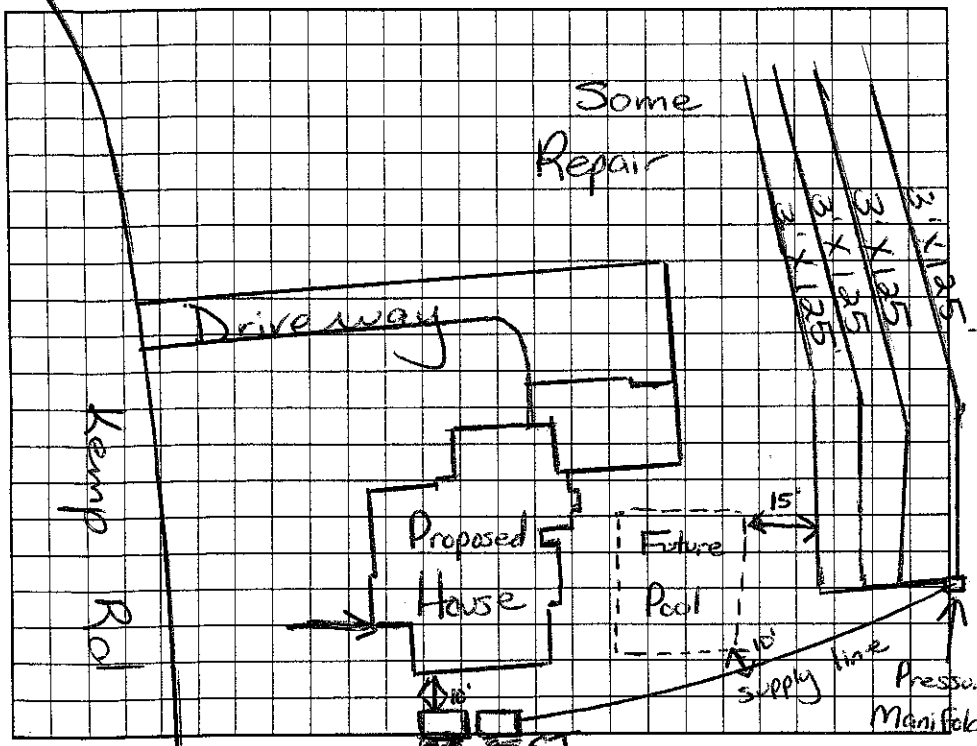
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Scale 1:50

PL 359'

INITIAL SITE SKETCH



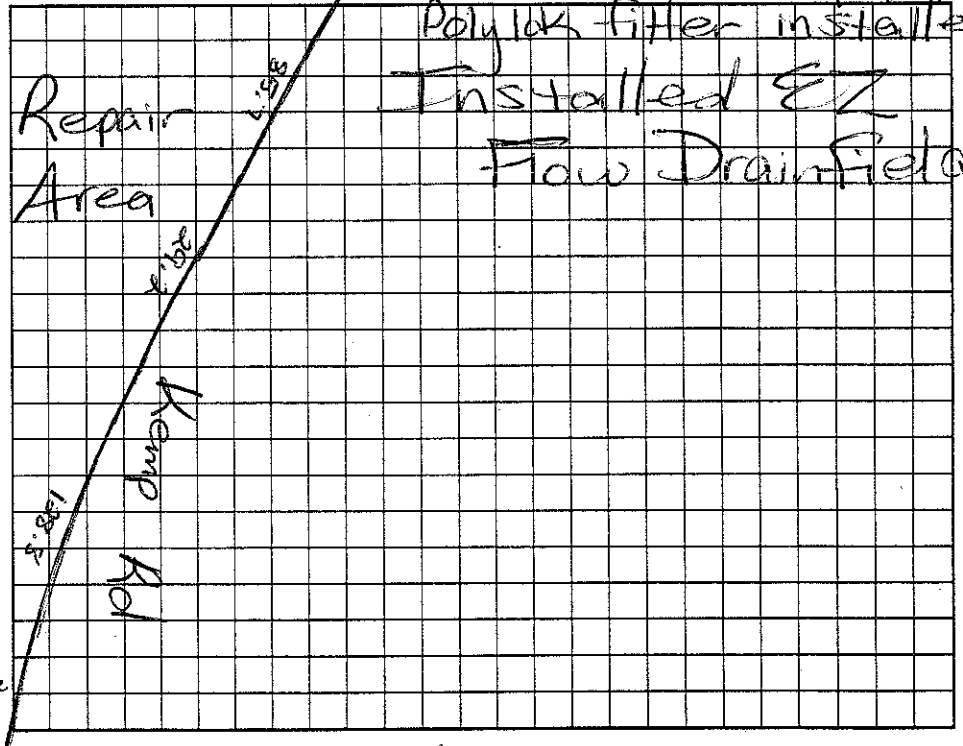
Comments:/Conditions: Must keep future Pool at least 15' from Septic System; 10' from Supply line.

Checked tanks & lines 2/8/06

Pressured alarm 6/6/06

AS BUILT SKETCH

Polylok filter installed



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: David Hoke date 10/7/05 Installed by: R & H

Improvement Permit by: Maia H. Dolson date 10/4/05 Operation Permit by: Maia H. Dolson date 6/9/06

Authorization to Construct by: Maia H. Dolson RS 10/4/05 Existing System Inspection by: ____ date ____

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