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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118624 PIN# 4626 38 4001 . 327 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS LLC / OGDEN CONST. PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR McKENDREE - TL KEMP - TR ALDER SPRINGS AT END ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 327 LOT AREA .73AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 444 Date 4-30-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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: GRAVITY 25% REDUCTION LP PANEL
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☑ No

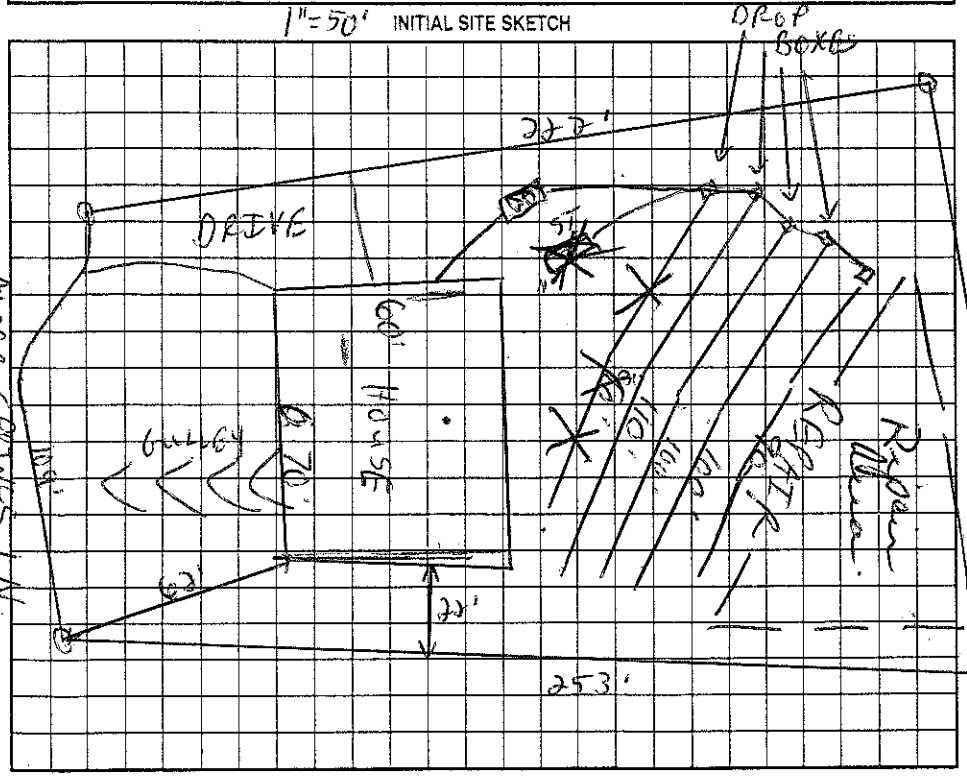
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

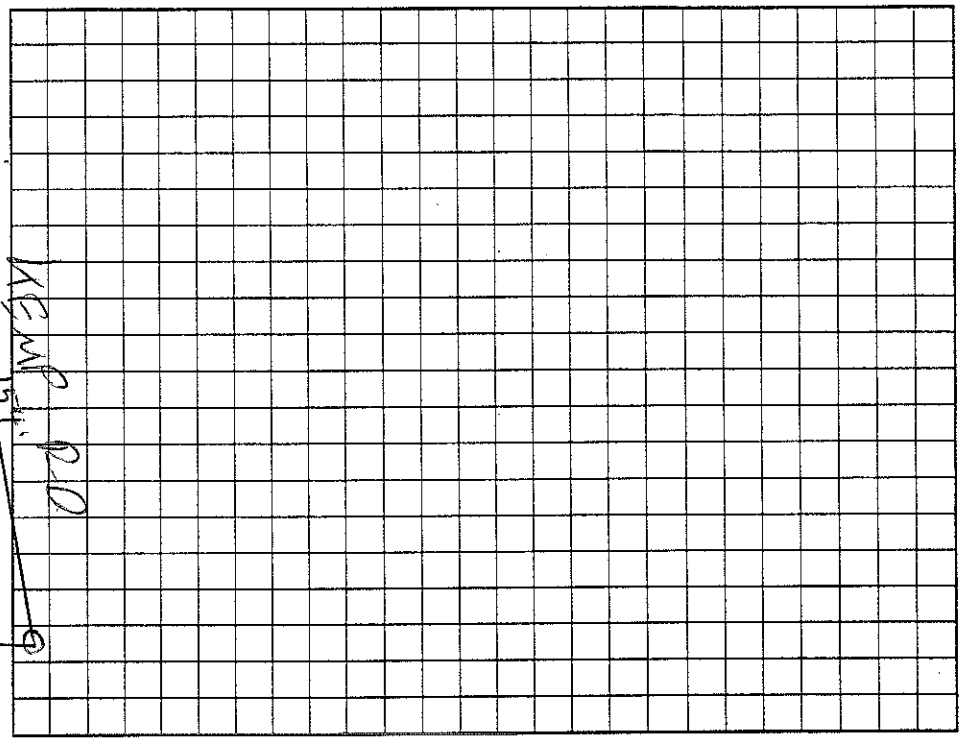
Comments/Conditions:

Comments/Conditions: 9/5/07 Installed Quick 4 with "built in" drop boxes.

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 7-12-07 Installed by: Richard Allen Mathis 9/5/07

Improvement Permit by: C. R. RS date 5/24/07 Operation Permit by: ____ date ____

Authorization to Construct by: Wesley Sparks RS. date 4/9/07 Existing System Inspection by: ____ date ____

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