IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 100.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 118636 PIN# 4626 38 4001.532 4626372458 DATE 11/29/05

OWNER OR APPLICANT Gregg Robbins Custom Homes PHONE: Business 704 724 1571 Home

ADDRESS PO Box 5385 Mooresville NC 28117

LOCATION BSR TR McKendree, TL Kemp, TR Alexander Springs on LT

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 332 LOT AREA 0.79Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 11/16/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 4 @ 120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

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

System Description: Gravity 25% Reduct.

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

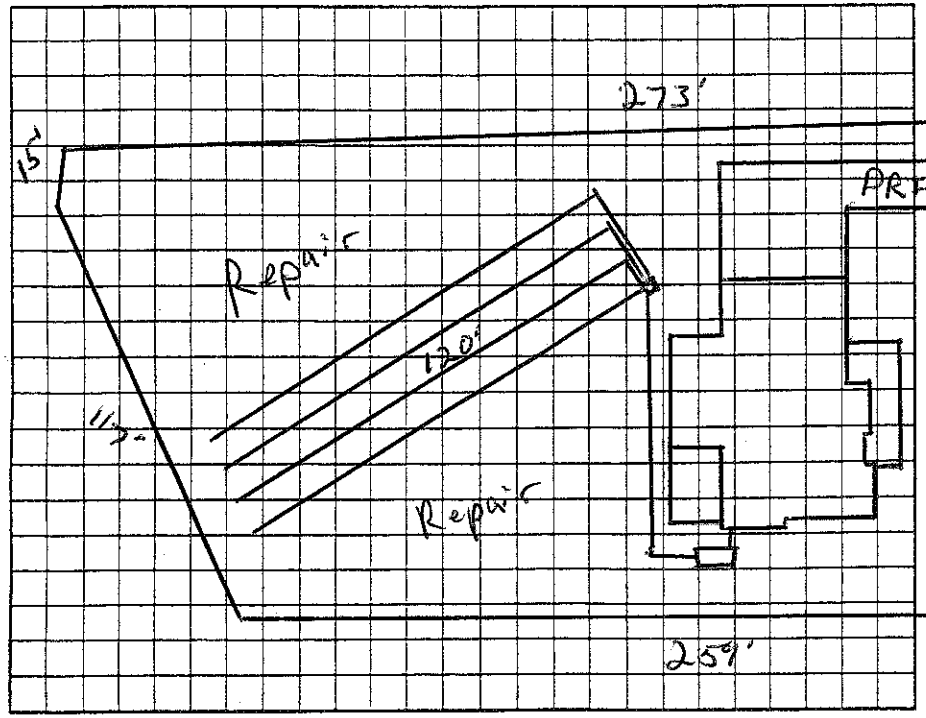
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

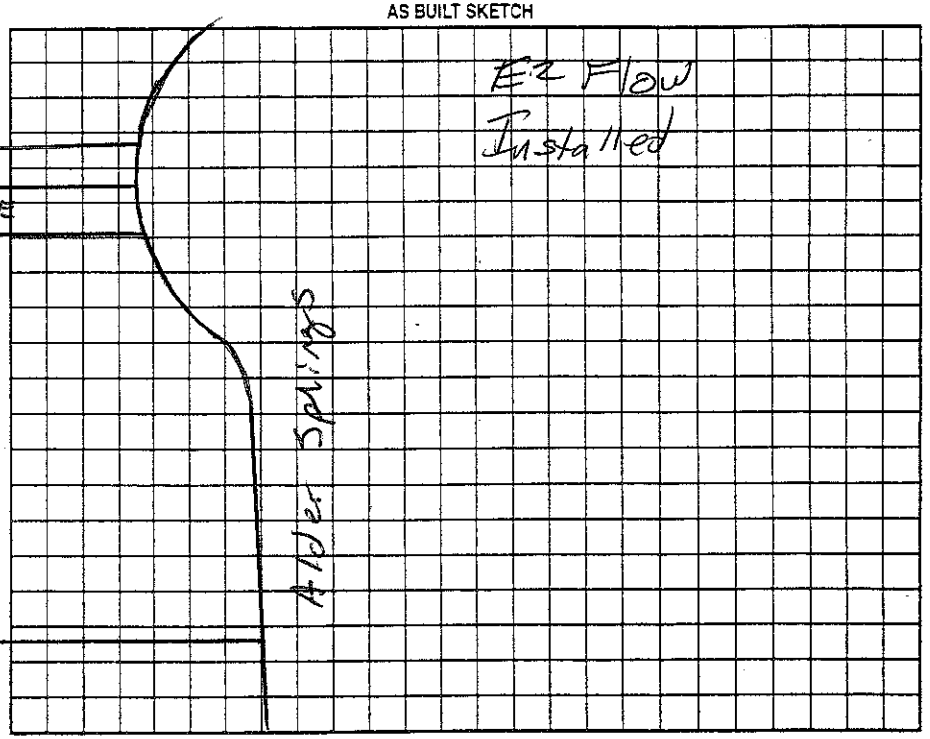
1"=50'

Comments:/Conditions:

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: [signature] date 12/5/05 Installed by: Hallman Const.

Improvement Permit by: [signature] RS date 11/29/05 Operation Permit by: [signature] RS date 12/22/05

Authorization to Construct by: [signature] RS date 11/29/05 Existing System Inspection by: _____ date _____

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