IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 31.30

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

PERMIT# 124713 PIN# 4625-50-5104.390 4626461808 DATE April 27, 05

OWNER OR CONTRACTOR The Farms LLC / John R Poore, Bldg PHONE: Business Home

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

LOCATION Brawley Sch Rd. TR McKendree TL Kemp TL Agnew 2nd lot on left

SUBDIVISION The Farms BLOCK / SECTION LOT 390 LOT AREA 1.6421 ac SITE CLASS. BS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 338 Date 1-28-06

Pump Tank: 1000 Gallons: PT 27 Date 10-20-06

Pump Make: Gould's Model WE0312M Material No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80 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: pm 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

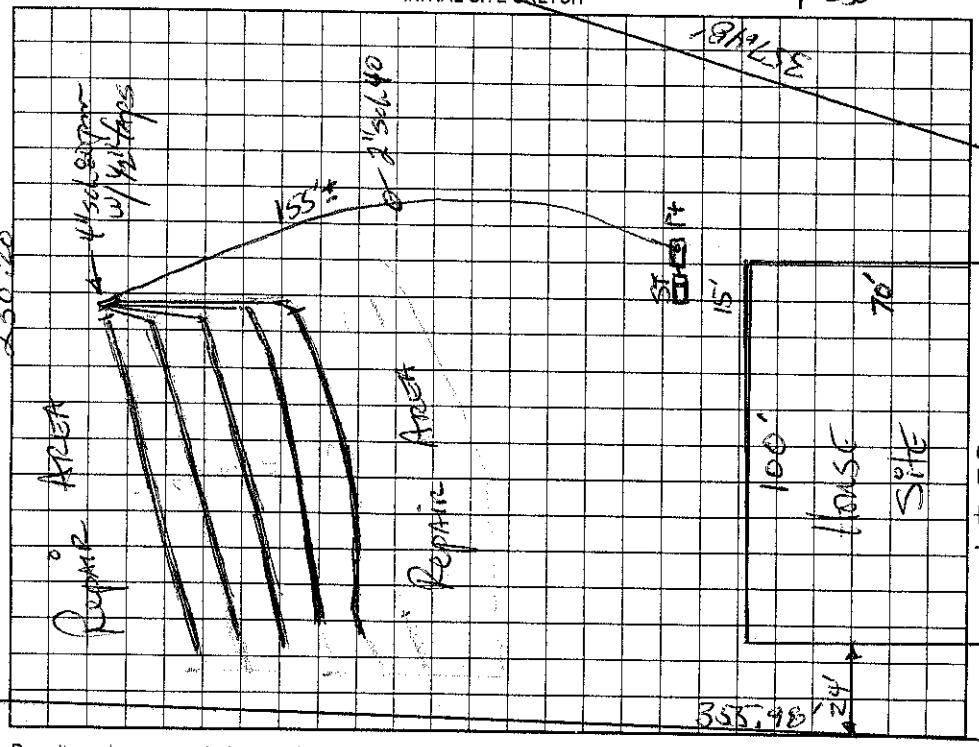
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

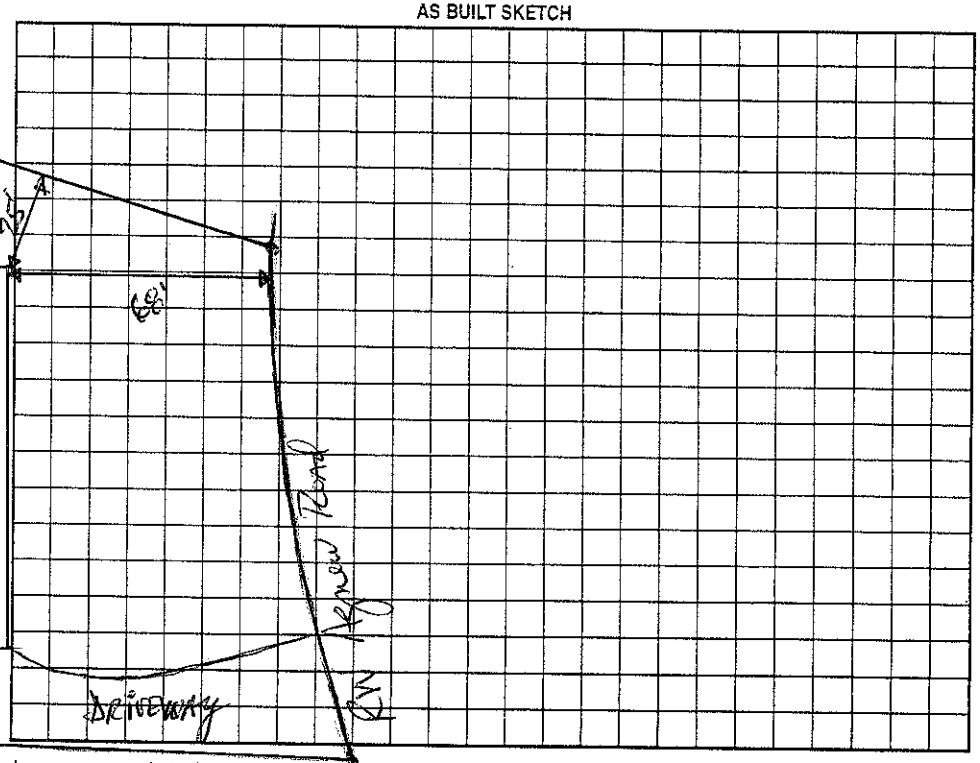
Comments:/Conditions:

Comments:/Conditions: 12/30/06 Checked EZ Flow lines 12/11/06 Checked tanks

INITIAL SITE SKETCH 1"=50'



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: Kathleen Sawyer date 5/6/05

Improvement Permit by: [signature] date 4-27-05

Authorization to Construct by: [signature] RS date 1/31/06

Installed by:

Operation Permit by: Mariah H. Nelson RS date 7/10/06

Existing System Inspection by: date

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