IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 3-28-07.00

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

PERMIT# 124711 PIN# 4625-50-5104.388 4626-46-3632 DATE April 22, 05

OWNER OR CONTRACTOR The Farms LLC / LK Norman Signature PHONE: Business _____ Home _____

ADDRESS 3214 Brawley School Rd, Mooresville N.C. 28117

LOCATION Brawley Sch Rd TR McLendree TL Kemp TL Agnew ¼ mile on left

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 388 LOT AREA 1.247Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 4451 Date 5-13-07

Pump Tank: 1000 Gallons; PT 2833 Date 6-16-07

Pump Make: Goulds Model VE05121HHC 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 NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: pm 25% Reduction

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

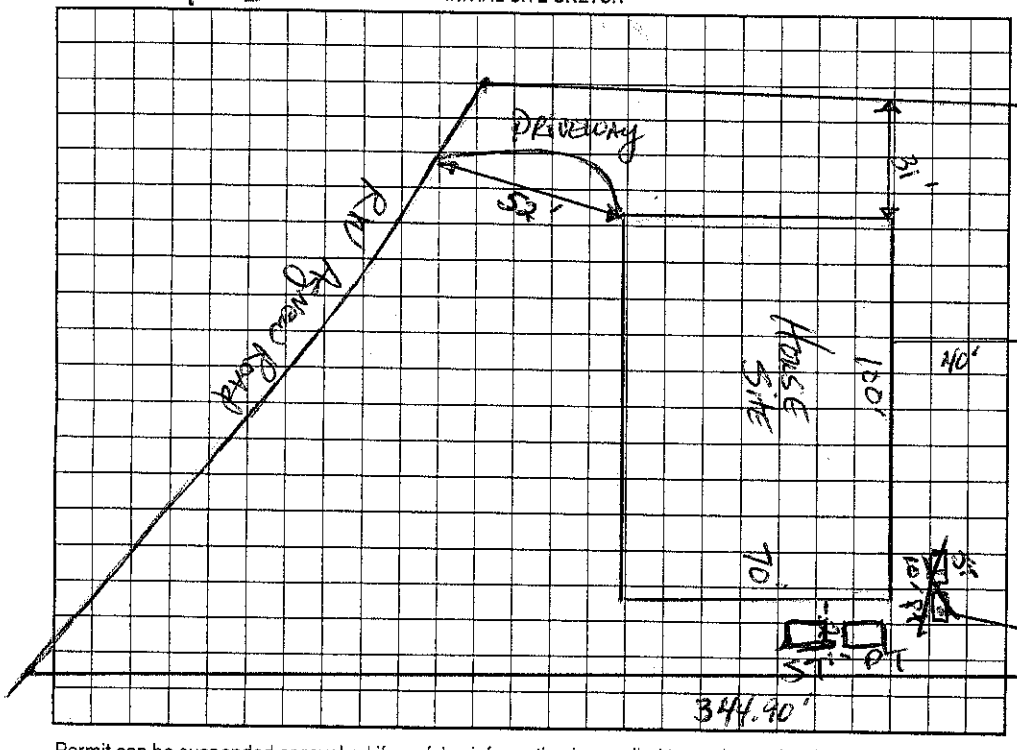
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

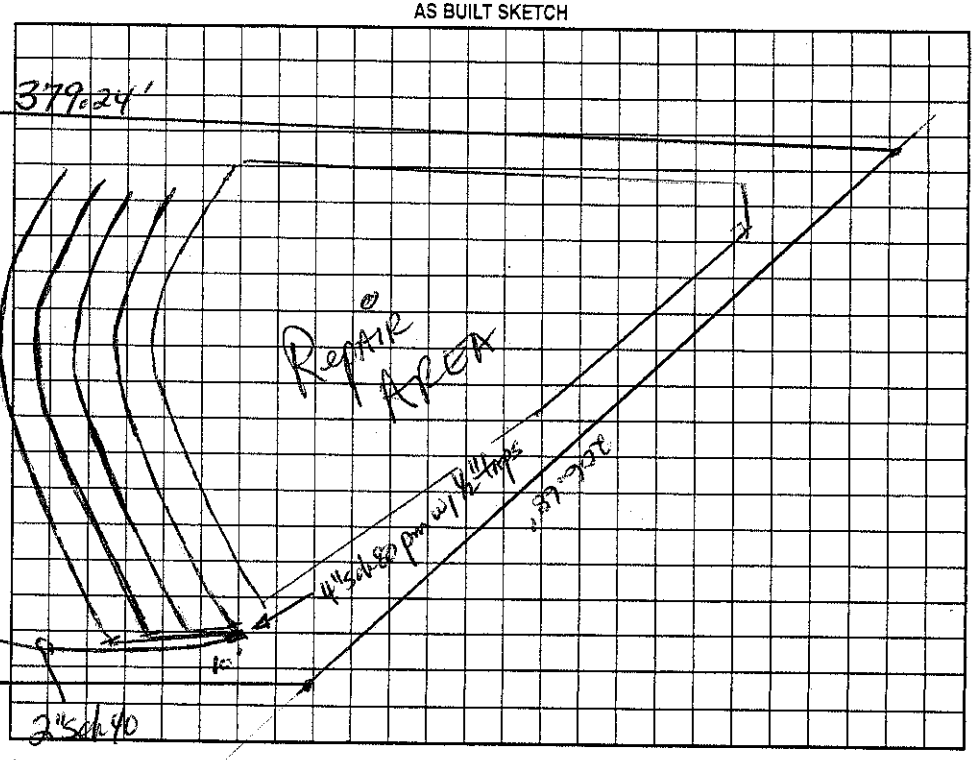
Comments:/Conditions: 3/30/07 Installed tanks, lines & pressure checked EZ Flow

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: Kathleen Saver date 5/6/05

Improvement Permit by: Johnson IP date 4-22-05

Authorization to Construct by: John E Allen date 11/28/06

Installed by: Levin Hallman RS

Operation Permit by: Maria H Dotson RS date 10/9/07

Existing System Inspection by: _____ date _____

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