IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139337 PIN# 4626581913.580 DATE 4-20-07

OWNER OR APPLICANT The Farms LLC PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville NC 28117

LOCATION Brawley School Rd TR McKendree TR Grasshopper TR Cherry Tree @ corner w/ Stamford Ct

SUBDIVISION The Farms BLOCK / SECTION 5 LOT 580 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft2

Septic Tank: 1500 # Gallons: STB _____ Date _____

Pump Tank: 1500 # Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field. No Fields 1 Square Feet 960 Linear Feet 320

No Lines 8 CE, 16 Trench Width 24"min Max Trench Bottom Depth 36"

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

System Description: LPPPAPS

Repair System Description: LPPPAPS

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

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

No. Bedrooms 4 No. Persons 8 No. Employees _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: # per plan specs
Fill gullies
2 lines centerfed, 1 line endfed

Comments/Conditions:

INITIAL SITE SKETCH

See plan from SAME

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Building Permit

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 4-30-07 Installed by: _____

Improvement Permit by: Judy Melville date 4-20-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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