IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139335 PIN# 4626581913.578 DATE 3-6-07

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 Dr TL Stamford Ct at end

SUBDIVISION The Farms BLOCK / SECTION 5 LOT 578 LOT AREA .72 AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 / .13 Repair

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 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments/Conditions: * Per plan specs

3 lines - 2 centerfed, 1 endfed

Set Tanks 15' from storm drain

Comments/Conditions:

INITIAL SITE SKETCH

See Plan from 54 MF

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 4-30-07 Installed by: _____

Improvement Permit by: Sandy Melville date 3-6-07 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