IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139354 PIN# 4626-59-7080.000 DATE March 5, 2007

OWNER OR APPLICANT The Farms LLC / Harris Constr. PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR McKendree TR Grasshopper in Loop

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 592 LOT AREA .76AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: X 1500 Gallons; STB 390 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction Accepted

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments/Conditions: * PER plan specs

Comments/Conditions:

INITIAL SITE SKETCH

SEE PLAN from SOME

AS BUILT SKETCH

INSTALLED AS SHOWN
USED END CAPS

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 4-20-07 Installed by: GUNTER

Improvement Permit by: _____ date 3-5-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ REHS date 12-12-13 Existing System Inspection by: _____ date _____

APPROVED MAR 25 2014

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