IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]LLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 112551 PIN# 4626 63 7315.231 4626-62-5358 DATE 12/22/05

OWNER OR CONTRACTOR Lifestyle Custom Homes, Inc PHONE: Business _____ Home _____

ADDRESS 5706 Burck Dr., Concord NC 28027

LOCATION BSR, TR Southwood, TL Freshwater, TR McAuley, at end

SUBDIVISION Farms BLOCK / SECTION 2 LOT 231 LOT AREA 0.73 Ac SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 9/17/06

Pump Tank: 1500 Gallons; PT 477 Date 8/21/06

Pump Make: Goulds Model WE0 1012 HM Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Pump 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 5 No. Bathrooms ____ No. Employees ____

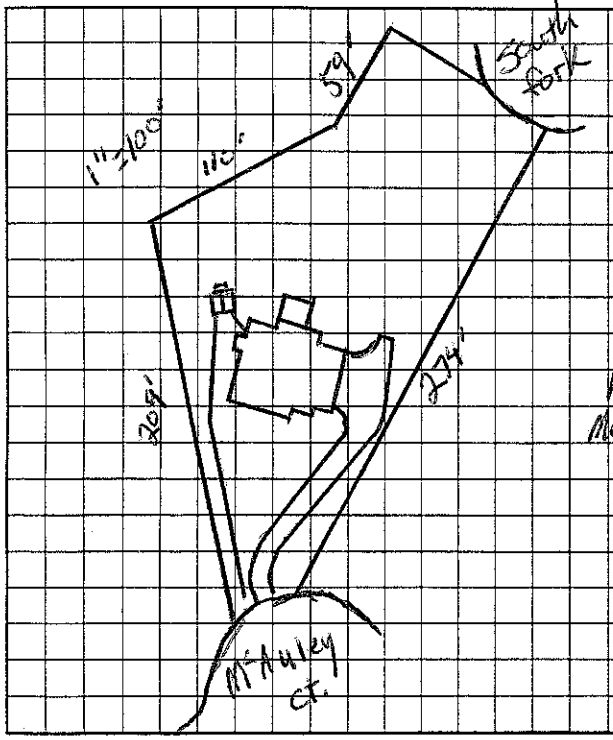
Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions:

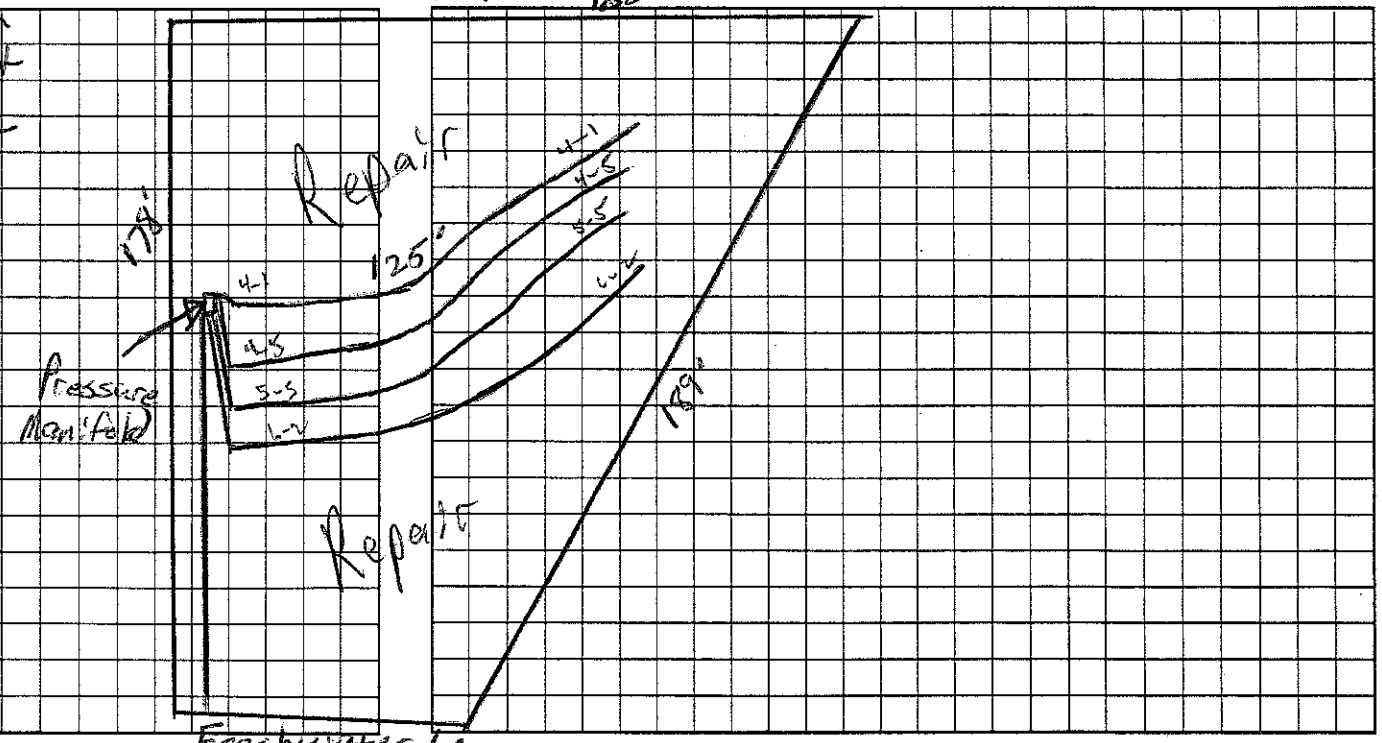
Comments:/Conditions: EZ FLOW INSTALLED

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: Bobby Lane date 4-10-06 Installed by: Kevin Hallaway

Improvement Permit by: [signature] BS date 12/22/05 Operation Permit by: Wesley Sparks WS date 11/3/06

Authorization to Construct by: [signature] BS date 12/22/05 Existing System Inspection by: _____ date _____

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