IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112519 PIN# 4662662315.227 4662662844 DATE 3-2-07

OWNER OR APPLICANT Lifestyle Custom Homes PHONE: Business 704 795-1733 Home 980 722-8454 Bobby

ADDRESS 5706 Buck Dr Concord 28027

LOCATION Brawley School Rd TR Southfork lc Freshwater on right Cont: Brawley SR TR gravel road past Morrow Chapel

SUBDIVISION The Farms BLOCK / SECTION LOT 227/227A LOT AREA .89 Acre SITE CLASS PS DESIGN FLOW 1500gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 338 Date 12-8-06

Pump Tank: 1500 Gallons: PT 477 Date 11-27-06

Pump Make: Goulds Model WE1512HU Serial No.

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 560'

No Lines 4@125' Trench Width 36" Max Trench Bottom Depth 36"

Gravel Depth N/A

Comments:/Conditions:

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

System Description: Pump-PM-25% Reduction

Repair System Description: 1 PPPB PS

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

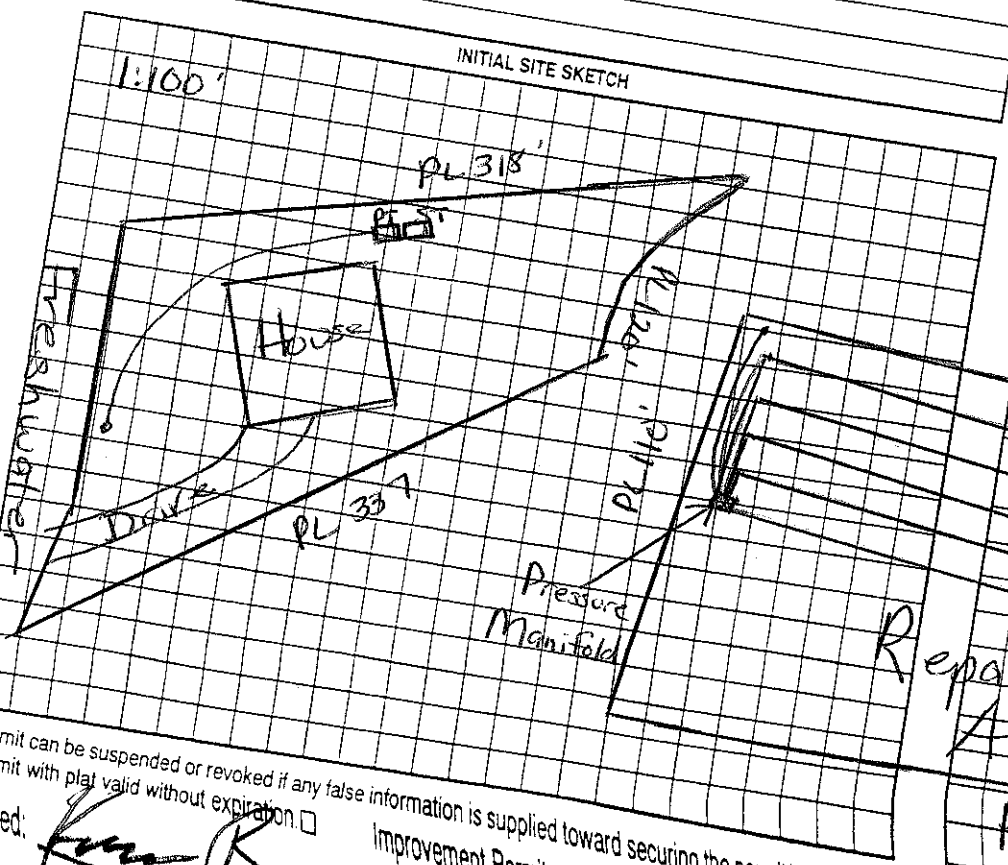
No. Bedrooms 5 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Installed EZ Flow as shown.

INITIAL SITE SKETCH

1:100'



AS BUILT SKETCH

mit 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 mit 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.

ed: [signature]

rovement Permit by: [signature] date 3/2/07

thorization to Construct by: [signature] date 3/2/07

Installed by: Hallman Construction

Operation Permit by: [signature] date 6-10-07

Existing System Inspection by: _____ date _____

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