IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139360 PIN# 4626691862 DATE 3-20-07

OWNER OR APPLICANT The Farms LLC/Kearey Bld. PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville NC 28117

LOCATION Brawley School Rd TR McKendree TR Grasshopper in Loop

SUBDIVISION The Farms BLOCK / SECTION 5 LOT 597 LOT AREA 1.11 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .33gpd/ft²

Septic Tank: 1500* Gallons; STB 338 Date 9-11-13

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: 25% Reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: * Per plan Specs

Max. Trench bottom 30"

Comments:/Conditions: 7/29/13 Reviewed floor plans, in compliance with original plan. Only 4 Bedrooms

INITIAL SITE SKETCH

See Plan from S&ME

AS BUILT SKETCH

9/30/13 Okay to use "multi port" distribution & feed drain lines in center

INSTALLED AS SHOWN ON PLAN

USED SERIAL/ENDCAP DIST.

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 4-3-07 Installed by: ORBISON

Improvement Permit by: Judy McTeague date 3-20-07 Operation Permit by: _____ date 10-25-13

Authorization to Construct by: Marvin H Dotson RS date 7/29/13 Existing System Inspection by: _____ date _____

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