IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281 3130

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

PERMIT# 13145 PIN# ~~4626-07-1828.518~~ 4627-11-8380 DATE Sept 28, 05

OWNER OR CONTRACTOR The Farms LLC / Courtland Properties PHONE: Business _____ Home _____

ADDRESS 7214 Brawley Sch Rd, Mooresville N.C. 28117 Colonial Farms

LOCATION Brawley School Rd TR McKendree TR Lakeview Shores Loop TL ~~Grove Creek Way~~ at end

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 578 LOT AREA 1.12Ac SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .25

Septic Tank: 1000+ Gallons: STB 338 Date 1/24/07
Pump Tank: 1000 Gallons: PT 338 Date 1/24/07
Pump Make: Myers Model ME-550 Serial No.
Nitrification Field: No Fields ___ Square Feet 640/960 Linear Feet 320
No Lines 3 Trench Width 24"min 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: @ 36" max 9'oc

clinical site evaluation and system design performed by Paul Pennington and Kathleen Haver of S&ME

Comments:/Conditions: Heavy Rain days installed

INITIAL SITE SKETCH

SEE Plan from S&ME

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: Kathleen Haver date 9/30/05 Installed by: Stanley Septic Service

Improvement Permit by: [signature] RS date 9-28-05 Operation Permit by: [signature] RS date 6/8/07

Authorization to Construct by: [signature] date 8-25-06 Existing System Inspection by: _____ date _____

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