IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13457 PIN# ~~4626 07 1828.523~~ 4626721532 DATE Sept 29, 05

OWNER OR CONTRACTOR The Farms, LLC / J.S. Testa PHONE: Business _____ Home _____

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

LOCATION Brawley Sch. Rd. TR McKendree TR Lakeview Shores Loop TL Grove Creek Way TR Hammersmith Farms Ln. on left COLVARD FARMS LN

SUBDIVISION The Farms I BLOCK / SECTION 4 LOT 523 LOT AREA .756 ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 3/18/07

Pump Tank: 1000 Gallons; PT 283 Date 9/5/07

Pump Make: Goulds Model WEO-5112HH Serial No. 7167

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 3 (CF) Trench Width 24" min 86" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ 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: or 36" max 9' oc

Critical site evaluation and system design performed by Paul Pennington and Kathleen Hoover of SPME

Comments:/Conditions: 3/16" holes Tank, Lines, Pressure, Set Done

INITIAL SITE SKETCH

SEE Plan from SPME

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 Hoover date 9/30/05

Improvement Permit by: _____ date 9-29-05

Authorization to Construct by: _____ date 3/4/07

Installed by: Atkinson & Sons

Operation Permit by: Wesley Sparks R.S. date 2/21/08

Existing System Inspection by: _____ date _____

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