IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-6[illegible]

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

PERMIT# 131453 PIN# ~~4626-07-1828.525~~ 4627-21-7476 DATE Oct. 4, 2005

OWNER OR CONTRACTOR The Farms, LLC PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd. TR McKendree, TR Lakeview Shores Loop TL ~~Grouseberry Way~~ Colvard Farms TR Hammersmith at end on right

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 525/525A LOT AREA .92Ac+.452A±SF SITE CLASS. P3 DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000+1500 Gallons; STB 338 Date 8-21-06

Pump Tank: 1000 Gallons; PT 337 Date 9-2-06

Pump Make: Myers Model ME50S-21 Serial No. _____

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

No Lines 5 Trench Width 24"min 36"oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

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: ~~SF~~ 36" MAX 96"oc

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

Comments/Conditions:

Tanks w/ risers

INITIAL SITE SKETCH

SEE Plan from S&ME

AS BUILT SKETCH

System installed as per initial

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 10-6-05

Improvement Permit by: [illegible] date 10-4-05

Authorization to Construct by: Judy McBride date 4-7-06

Installed by: Stanley Septic

Operation Permit by: Judy McBride date 10-16-06

Existing System Inspection by: _____ date _____

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