Fillmore

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141694 PIN# 473 010 9262.667 DATE 6-20-07

OWNER OR APPLICANT Falls Cove Dev, LLC PHONE: Business _____ Home _____

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Park Crest on left in cul-de-sac

SUBDIVISION Parkwood@Falls Cove BLOCK / SECTION 6 LOT 66.7 LOT AREA 60,280 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .13gpd/ft²

Septic Tank: 1500 * Gallons: STB 440-1500 Date 9-9-13

Pump Tank: 1500 * Gallons: PT 27 Date 9-8-13

Pump Make: Goulds Model WG0712H Serial No. 314 HP

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: 25% reduction pm

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

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

Comments/Conditions: * per plan specs

Comments/Conditions:

INITIAL SITE SKETCH

See plan from SAME

AS BUILT SKETCH

- Fed Polylok Filter installed
- Quick 4 Chambers installed
- 40 tabs installed
- 1½" SCH
- 1600 gallon pump tank

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 06/26/07 Installed by: FJ Ervin

Improvement Permit by: _____ date 6-20-07 Operation Permit by: _____ date 10-15-13

Authorization to Construct by: _____ date 12-5-12 Existing System Inspection by: _____ date _____

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