IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4674-2-204273 PIN# 4639-97-5794 DATE May 24, 2007

OWNER OR APPLICANT Orchard Farms LLC PHONE: Business _____ Home _____

ADDRESS 227 Highgrove Cir. Mooresville N.C. 28115

LOCATION North Rd (0) S TL FERN Hill TL Westing Quail TL TALL FERN on Right

SUBDIVISION Highland Ridge BLOCK / SECTION _____ LOT 25 LOT AREA .54ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3-.275

Septic Tank: 1000 Gallons; STB 825 Date 9-25-14

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 900± Linear Feet 300

No Lines 3±3 Trench Width 36" ± Max Trench Bottom Depth 36"

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

System Description: Gravity LPP BPS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: ± per plan specs

Share ± any old burns in septic system area.

Comments/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

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: _____ date 6-07-07 Installed by: Rowan Septic

Improvement Permit by: _____ date 5-24-07 Operation Permit by: _____ date 11-21-14

Authorization to Construct by: _____ date 7-22-14 Existing System Inspection by: _____ date _____

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