IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14032 PIN# 4639-98-5019 DATE 12-10-07

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

ADDRESS 227 Hidepaway Ln Mooresville, NC 28117

LOCATION Perth Rd NJ TL Fern Hill TL Nesting Quail on left at jct. WJ Tall Fern

SUBDIVISION Highland Ridge BLOCK / SECTION _____ LOT 19 LOT AREA .12Acre SITE CLASS. PS DESIGN FLOW 360gpd A.R. .25

Septic Tank: 1000 Gallons: STB 760 Date 9-30

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 500' Linear Feet 250'

No Lines 5@50' Trench Width min 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity – Panel BLK

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

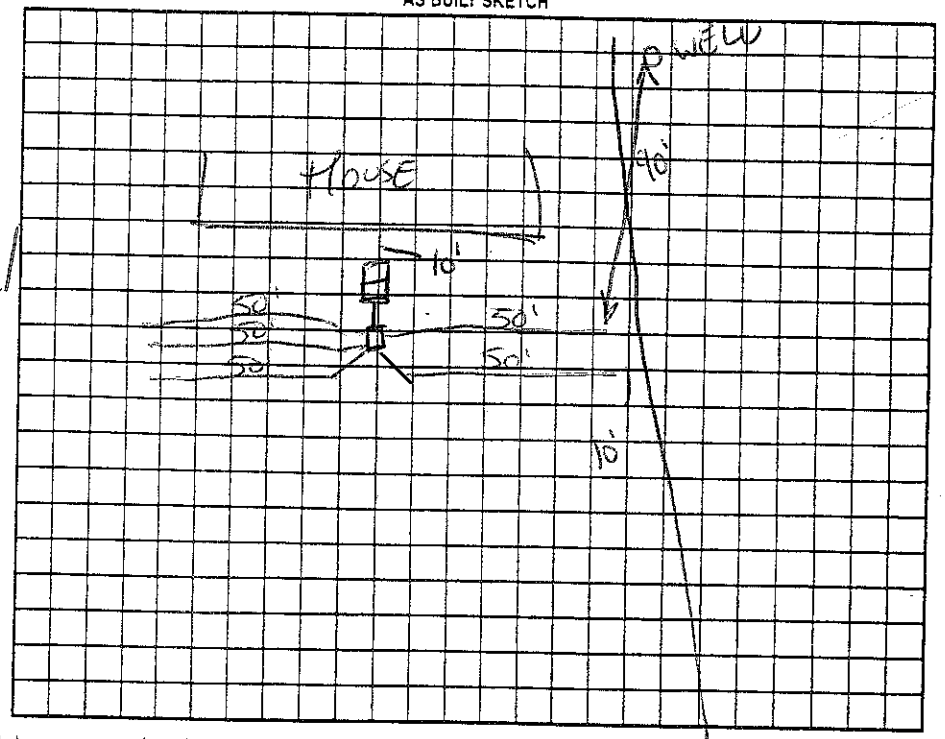
Comments:/Conditions: Per plan, Specs
11/4/08 Reviewed Floor plan, in compliance with original permit

Comments:/Conditions: ☒ Per Developer will use pump for basement plumbing.

INITIAL SITE SKETCH

See revised plan by Rollan's Environmental Services Inc

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: X _____ date _____ Installed by: GUNTER

Improvement Permit by: _____ date 12/10/07 Operation Permit by: _____ date 3-21-18

Authorization to Construct by: _____ date 11/4/08 Existing System Inspection by: _____ date _____

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