# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134425 PIN# ~~4649-04-9474.005~~ 4649-04-9804 DATE October 16, 2006

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

ADDRESS 227 Hideaway Lane, Mooresville N.C. 28117

LOCATION Perth Rd (N) past Gordon Rd TR Will Cherry Lane TL Orchard Farm Lane 5th lot on left

SUBDIVISION The Orchard BLOCK / SECTION _____ LOT 5 LOT AREA 26,144 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 317 Date 7/9/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction "accepted" 1 LPPBDS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Lagoon Transmission Line

INITIAL SITE SKETCH

SEE Plan from Rollins Soil & 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 10-26-06 Installed by: Henry Beam

Improvement Permit by: _____ date 10-16-06 Operation Permit by: Wesley Sparks RS date 8/24/07

Authorization to Construct by: _____ date 1/25/07 Existing System Inspection by: _____ date _____

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