IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 130509 PIN# 4760592977 DATE 8-29-05

OWNER OR CONTRACTOR Gra-Con Luxury Homes PHONE: Business 828 478-9699 Home

ADDRESS P.O. Box 602 Sherrills Ford, NC 28673

LOCATION Hwy 115/21 North TR Shinnville Rd TL Brawley Rd TR Fairhaven lot on left

SUBDIVISION Fairhaven BLOCK / SECTION 1 LOT 6 LOT AREA .73 Acre SITE CLASS: PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-27-06 ☒ New System ☐ Repair System Type: I II (III) IV V VI ☒ House/Mod. Home No. Bedrooms 3

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: Gravity-Panel Blck ☐ Mobile Home No. Bathrooms ____

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: Pump-Panel Blk ☐ Business No. Employees ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200 Maintenance Agreement Required: ☐ Yes ☒ No Not Initially ☐ Other ____

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Septic permit approved per attached plan designed by Rollins Soil & Environmental Services

Comments/Conditions: Note: Will have to use 1st line of Repair System for Initial Drainfield

INITIAL SITE SKETCH

See attached plan & drawing for Septic System Layout

AS BUILT SKETCH

Installed Essentially as Drawn

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: Howard Fernandez date 8/29/05 Installed by: R & H RS

Improvement Permit by: Myra H. Dotson RS date 8/29/05 Operation Permit by: Myra H. Dotson RS date 5/2/06

Authorization to Construct by: RS date 10/3/05 Existing System Inspection by: ____ date ____

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