IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 30.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 131420 PIN# 4760593806 DATE 9/28/05

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

ADDRESS P.O. Box 62 Sherrills Ford, NC 28673

LOCATION Shinnville Rd TL Brawley Rd TR Fairharen lot on left

SUBDIVISION Fairharen BLOCK / SECTION LOT 7 LOT AREA .91 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 420' Linear Feet 210'

No Lines 6@35 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Pump-PM-Panel Blk

Repair System Description: Pump-LP-Panel Blk

Maintenance Agreement Required: [ ] Yes [X] No Not Initially

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Septic permit approved for attached plan; designed by Rollans Soil & Environmental Services

Comments/Conditions:

INITIAL SITE SKETCH

See attached plan & drawing for Septic System Layout

AS BUILT SKETCH

septic system must be installed by 9/29/2014 or permit will expire.

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: Brenda Fernandez date

Improvement Permit by: Maria H. Dotson RS date 9/29/05

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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