IREDELL COUNTY HEALTH DEPARTMENT

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

375

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

PERMIT# 13148 PIN# ~~4626 07 1828.473~~ 4626088498 DATE Sept 20, 05

OWNER OR CONTRACTOR The Farms, LLC / Joseph Bldr PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville N.C. 28117

LOCATION Brawley Sch Rd TR McKendree TR Bare Foot Lane 1st Lot on left

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 473 LOT AREA 0.799 ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. e3

Septic Tank: 1500 + Gallons; STB 444 Date 11/15/05

Pump Tank: 1000 Gallons; PT 283 Date 11/15/05

Pump Make: Zoeller Model W/EQ-311 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 2@135'(CF) Trench Width 24" min/36" max Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPP PBPS

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: OR = 36" min 9'oc

Applied site evaluation and system design performed by Paul Pennington and Kathleen Hader of S&ME

Comments:/Conditions: Pump, CF.

INITIAL SITE SKETCH

SEE PLAN from S&ME

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 9-28-05 Installed by: Richard Abernathy

Improvement Permit by: _____ date 9-20-05 Operation Permit by: _____ date 10/27/06

Authorization to Construct by: _____ RS date 3/10/06 Existing System Inspection by: _____ date _____

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