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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118580 PIN# ~~4626 38 700. 309~~ 4626-17-2945 DATE 2/21/05

OWNER OR CONTRACTOR THE FARMS LLC Doris Nash PHONE: Business _____ Home _____

ADDRESS 2214 BRANLEY SCHOOL RD MOORESVILLE

LOCATION BLAWLEY SCHOOL - TR MCKENDREE - TL BAYBERRY ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 306 LOT AREA .694C SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. -366SF/Non

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 11/29/06

Pump Tank: 1020 Gallons; PT 283 Date 1/20/07

Pump Make: GOULDS Model WE0-512 H Serial No. 1/9/07

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

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

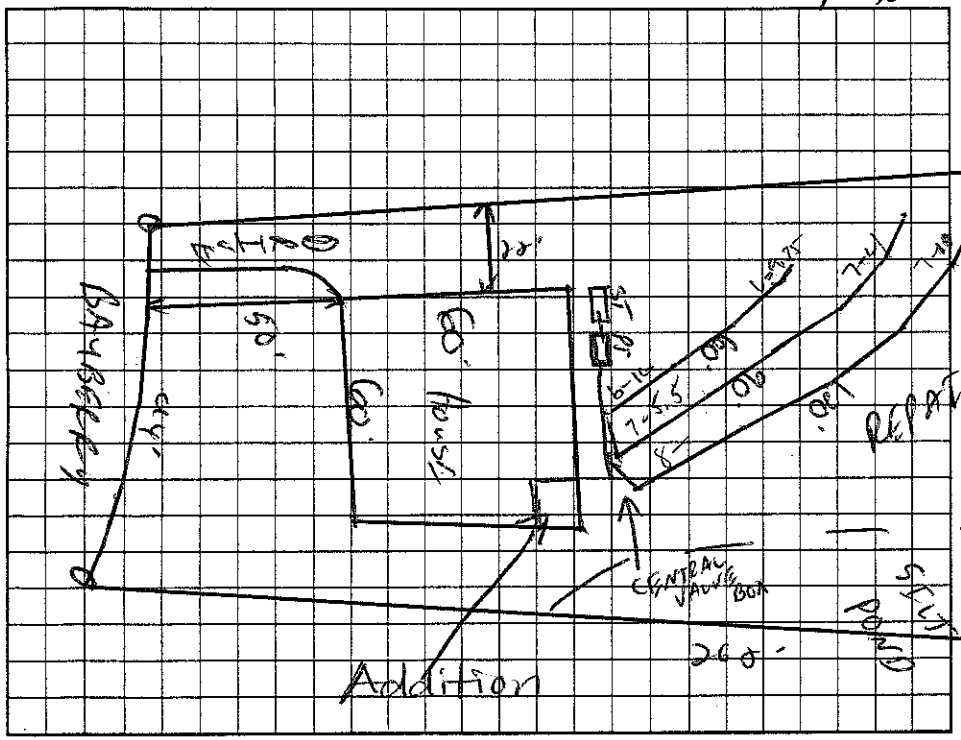
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

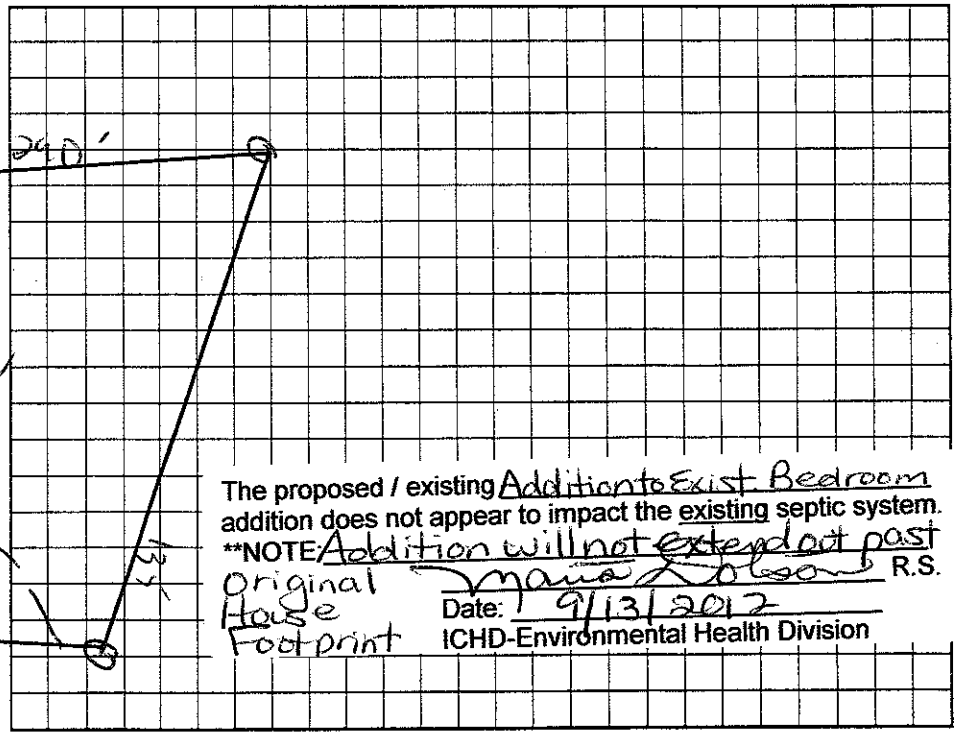
Comments:/Conditions: 3 Utech, 3/16" Holes

Tanks, Drainfield, Pressure, VB, Pressure Sht

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



The proposed / existing Addition to Exist. Bedroom addition does not appear to impact the existing septic system.

**NOTE: Addition will not extend out past original house footprint

Maria Olson R.S.

Date: 9/13/2012

ICHD-Environmental Health Division

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 2-24-05 Installed by: Orlison & Sons

Improvement Permit by: _____ date 2/21/05 Operation Permit by: _____ date 7-20-07

Authorization to Construct by: _____ RS. date 9/7/06 Existing System Inspection by: _____ date _____

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