375

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118579 PIN# ~~4626-38-4001-305~~ 4626-18-1044 DATE 12/30/04

OWNER OR CONTRACTOR THE FARMS LLC / Greg Robbins PHONE: Business _____ Home _____

ADDRESS 3214 BRAWLEY SCHOOL RD. / MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - ~~TRANSFORMER~~ - TR BAYBERRY - ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 305 LOT AREA 1.16AC SITE CLASS RS DESIGN FLOW 480 GPD L.T.A.R. 1,256 SQ FT

Septic Tank: ~~1000~~ 1500 Gallons; STB 445 Date 9/16/04

Pump Tank: 1000 Gallons; PT 27 Date 9/25/04

Pump Make: Goulds Model ~~US-5121HH~~ Serial No. ~~Jet Pro~~ 1

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 4 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

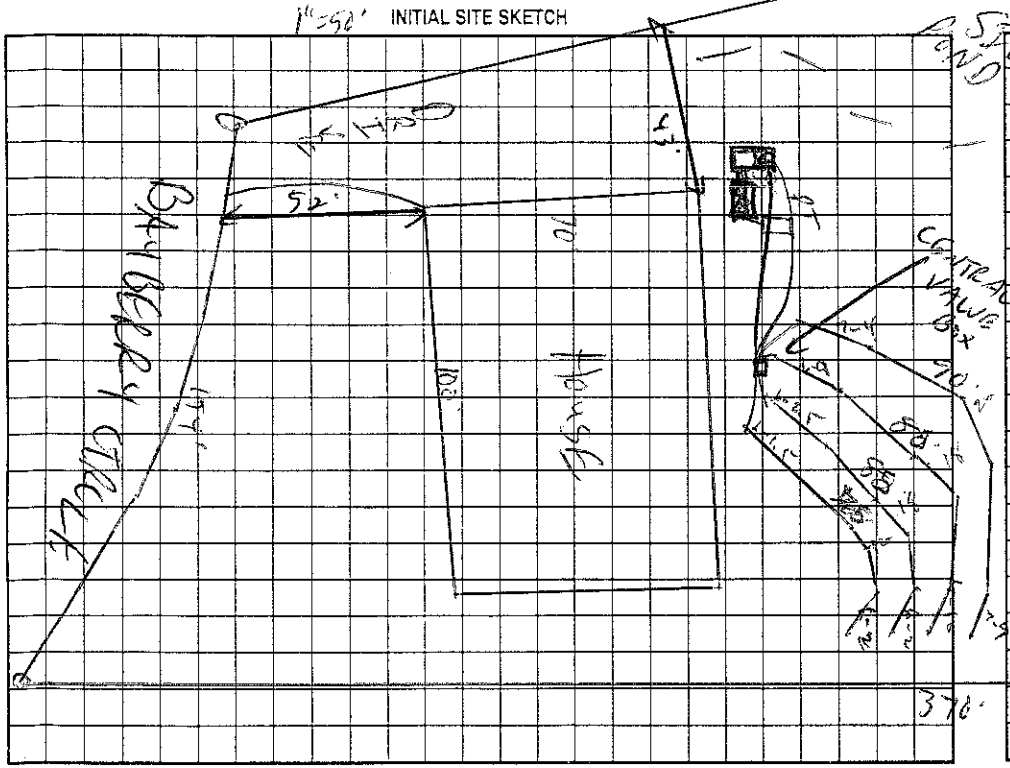
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

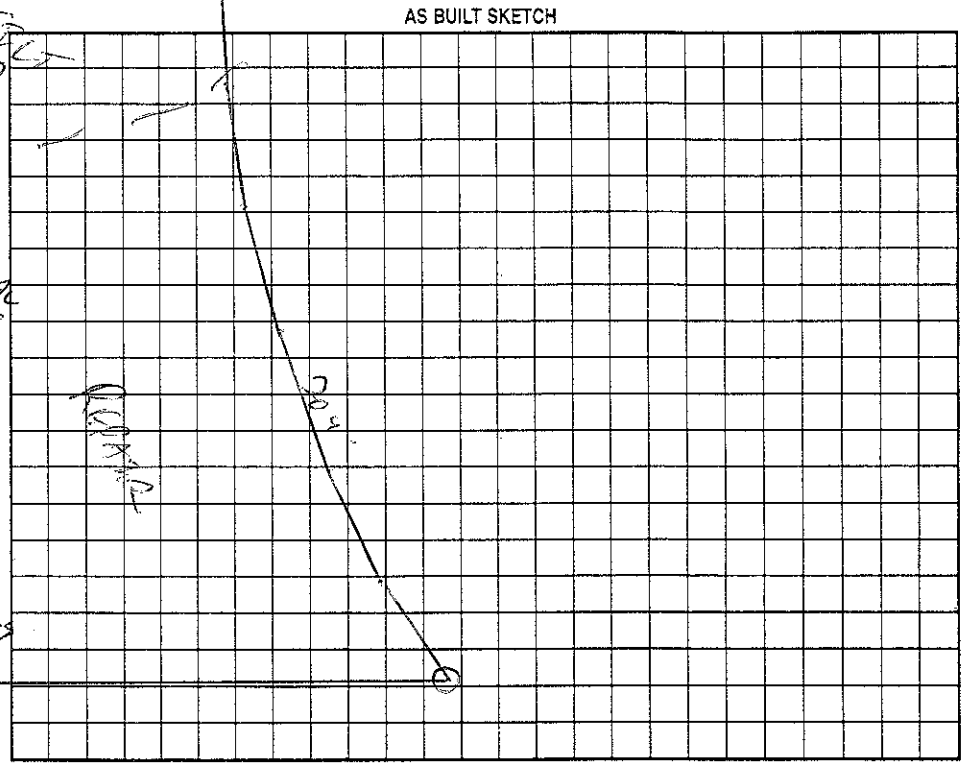
Comments:/Conditions:

3/28 - Sprinklers being installed in chairfield area.

1"=50' INITIAL SITE SKETCH



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 3-24-05 Installed by: Hallman Const.

Improvement Permit by: _____ RS date 12/30/04 Operation Permit by: Wesley Sparks RS date 3/28/05

Authorization to Construct by: _____ date 5-15-06 Existing System Inspection by: _____ date _____

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