IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 130

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

PERMIT# 1196852 PIN# ~~4625 50 704.444~~ 4626183263 DATE 1/3/05

OWNER OR CONTRACTOR THE FARMS LLC / Jasper Const. PHONE: Business _____ Home _____

ADDRESS 2714 BRAWLEY SCHOOL RD MOORESVILLE, NC 28115

LOCATION BRAWLEY SCHOOL - TR MCMENOREE - ~~REVERSED~~ TR BAYBERRY - ON LT CORNER

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 444 LOT AREA 1.05AC SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. ~~.600~~ .2562/.150

Septic Tank: 1000 Gallons; STB 338 Date 11/14/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 @100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

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

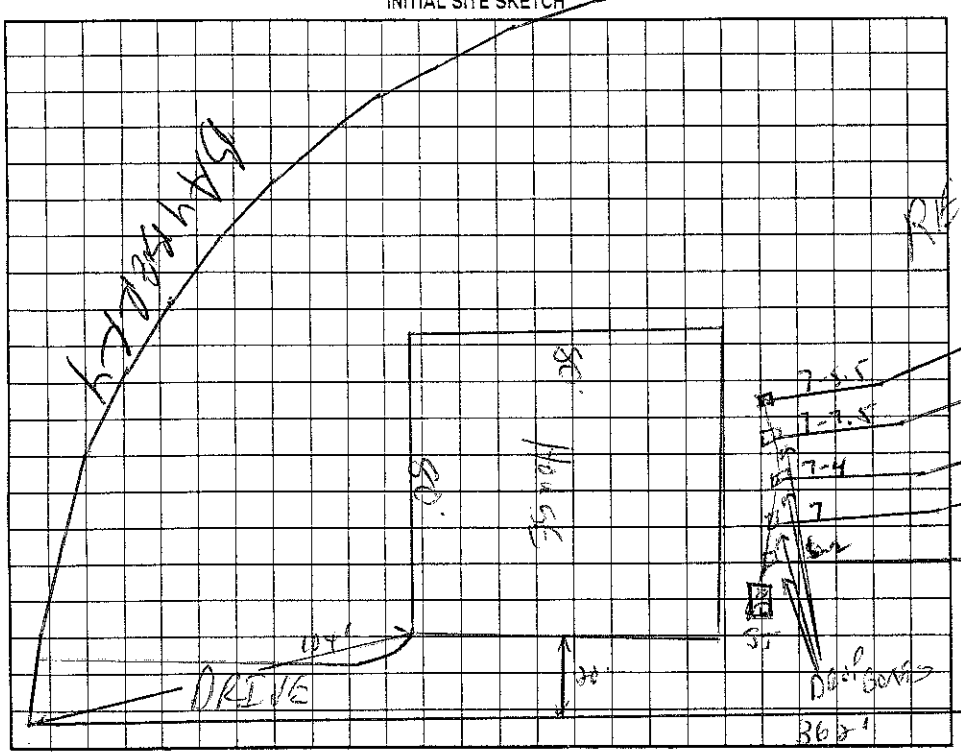
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

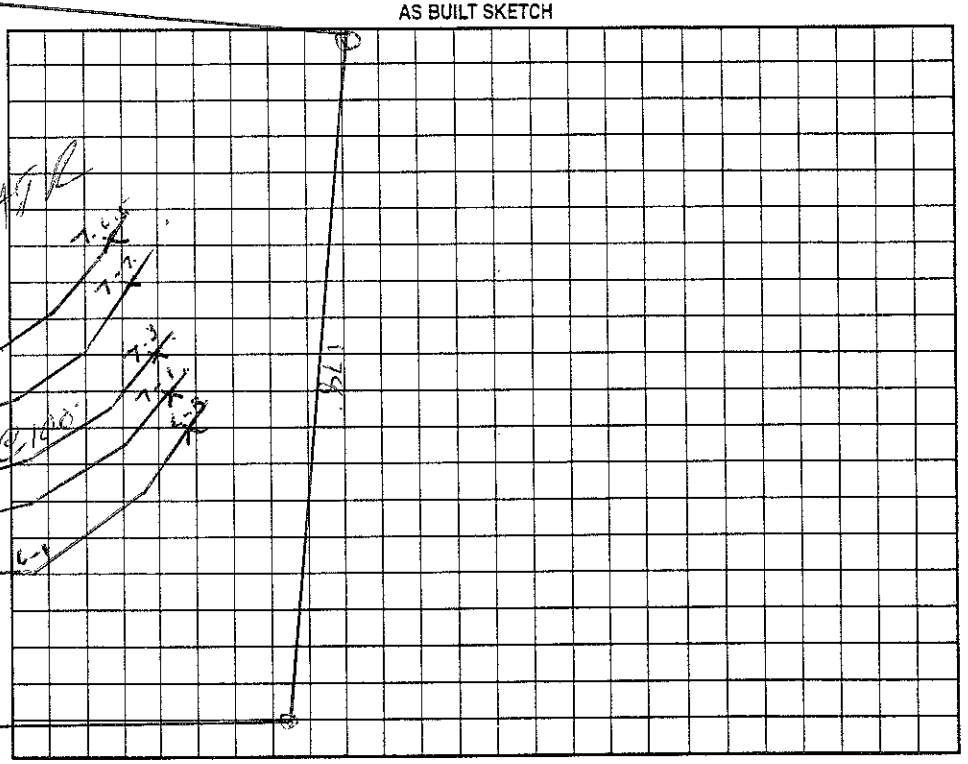
1"=50'

Comments:/Conditions: Infiltrator IQ4W installed

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 plan 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: Richard Abernathy

Improvement Permit by: _____ RS date 1/3/05 Operation Permit by: Wesley Sparks R.S. date 2/1/06

Authorization to Construct by: _____ RS date 6/22/05 Existing System Inspection by: _____ date _____

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