IREDELL COUNTY HEALTH DEPARTMENT

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

13-

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

PERMIT# 119679 PIN# ~~4625 56 5104. 443~~ 4626 184382 DATE 1/3/05

OWNER OR CONTRACTOR THE FARMS LLC / STONEBRIDGE LUXURY HOMES Business _____ Home _____

ADDRESS 2017 BRAWLEY SCHOOL RD. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - JR MCKENDREE - ~~CHESTNUT~~ - TL BAY BERRY - OWLS

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 443 LOT AREA 1.04AC SITE CLASS. LS DESIGN FLOW 480GPD L.T.A.R. .36/1.2

Septic Tank: 1500 Gallons; STB 528 Date 7/30/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CRADY 2570 RECTION

Repair System Description: C/O DANE C

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

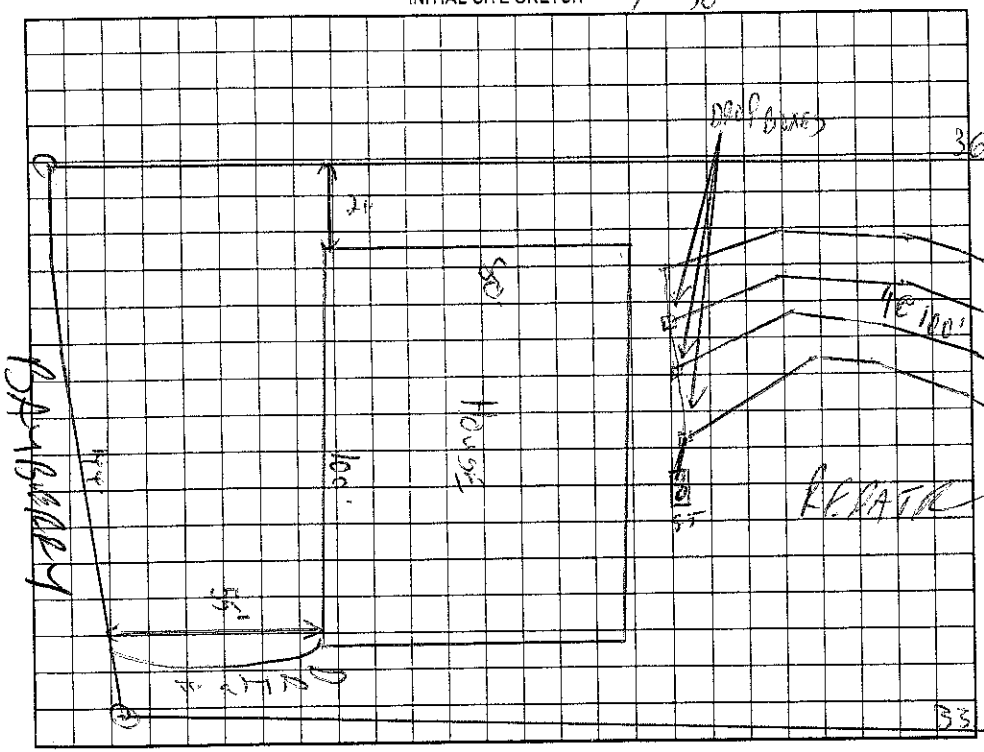
Water Supply: ☐ Individual ☐ Public ☑ Community

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

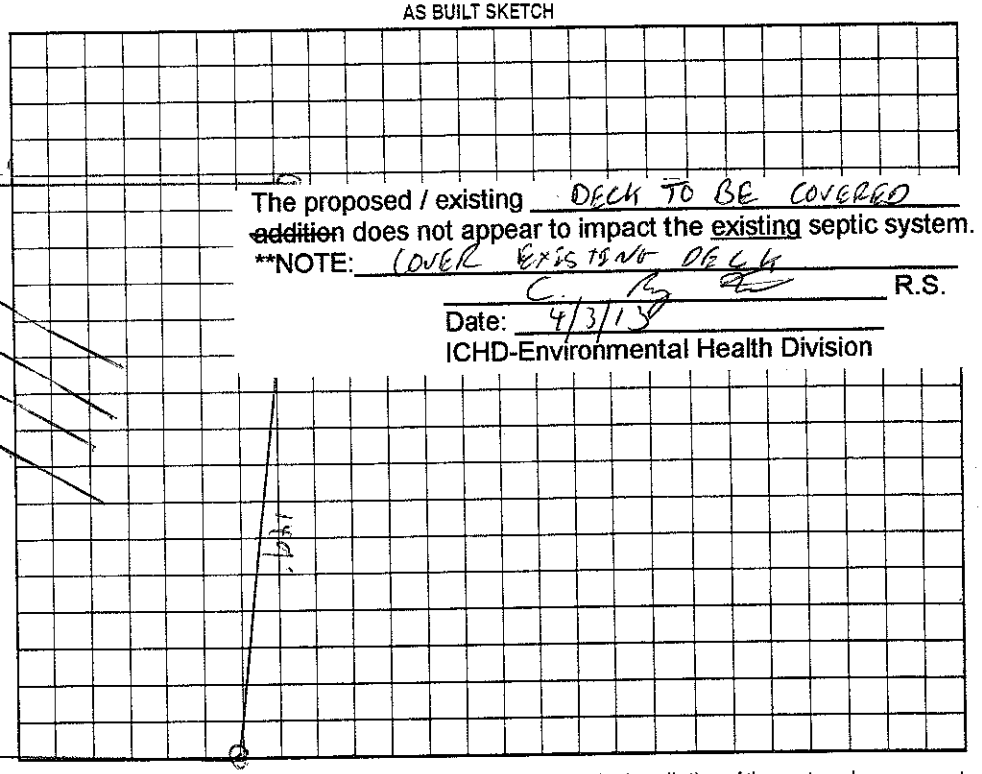
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



The proposed / existing DECK TO BE COVERED addition does not appear to impact the existing septic system.

**NOTE: COVER EXISTING DECK

C. R.S.

Date: 4/3/13

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: Steve Jordan

Improvement Permit by: C. R.S. date 1/3/05 Operation Permit by: Wendy Sparks R.S. date 5/8/07

Authorization to Construct by: Jph E. Cagle date 10/12/06 Existing System Inspection by: _____ date _____

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