IREDELL COUNTY HEALTH DEPARTMENT

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

375

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

PERMIT# 11967 PIN# ~~4625 50 9104 441~~ 4626-18-7403 DATE 1/3/05

OWNER OR CONTRACTOR THE FARMS LLC / Stonebridge Luxury Homes PHONE: Business _____ Home _____

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - ~~TURKEY~~ - TR BAMBERRY - ONLY

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 471 LOT AREA .75AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3600 IR-2

Septic Tank: ~~1000~~ 1500 Gallons; STB 578 Date 5/7/04

Pump Tank: 1000 Gallons; PT 17 Date 3/2/06

Pump Make: Goulds Model WE0-312M Serial No. E0661620

Nitrification Field: No Fields 1 Square Feet 490 Linear Feet 270

No Lines 3@90' 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: C-P PANEL

Repair System Description: STAB

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

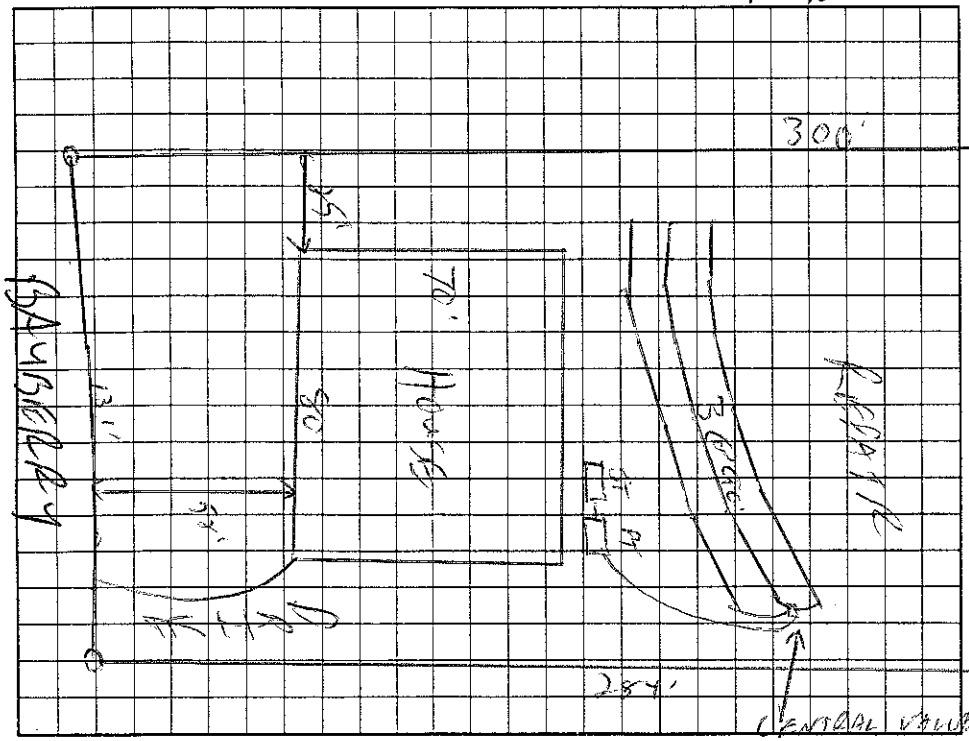
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions: DO NOT CUT HOUSE - BACKFILL ONLY

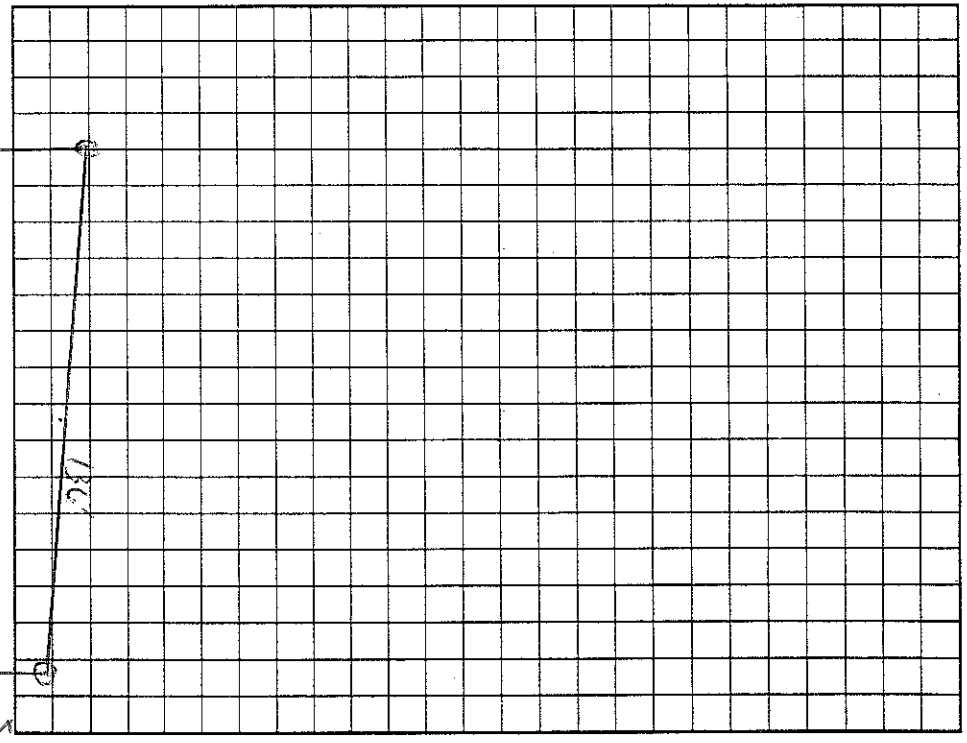
Comments:/Conditions: 63 Panels

Need to recheck electrical wiring for 110 instead of 220

INITIAL SITE SKETCH 1"=50'



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 2-24-05 Installed by: Piedmont Backhoe

Improvement Permit by: _____ RS date 1/3/05 Operation Permit by: Wesley Sparks R.S. date 8/22/03

Authorization to Construct by: _____ RS date 10/19/05 Existing System Inspection by: _____ date _____

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