4 4626261967

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118731 PIN# 4626384001.353 DATE 6/29/04

OWNER OR CONTRACTOR THE FARMS LLC / WHITLEY & COMPANY PHONE: Business 660-1155 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TL KEMP - TR ALOFT SPRINGS - TL BAYBERRY - ON LT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 353 LOT AREA 1.931AC SITE CLASS RS DESIGN FLOW 450GPD L.T.A.R. .3670/FT²

Septic Tank: 1000/1500 Gallons; STB 338 Date 9/17/65

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1602 Linear Feet 534

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 10/12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

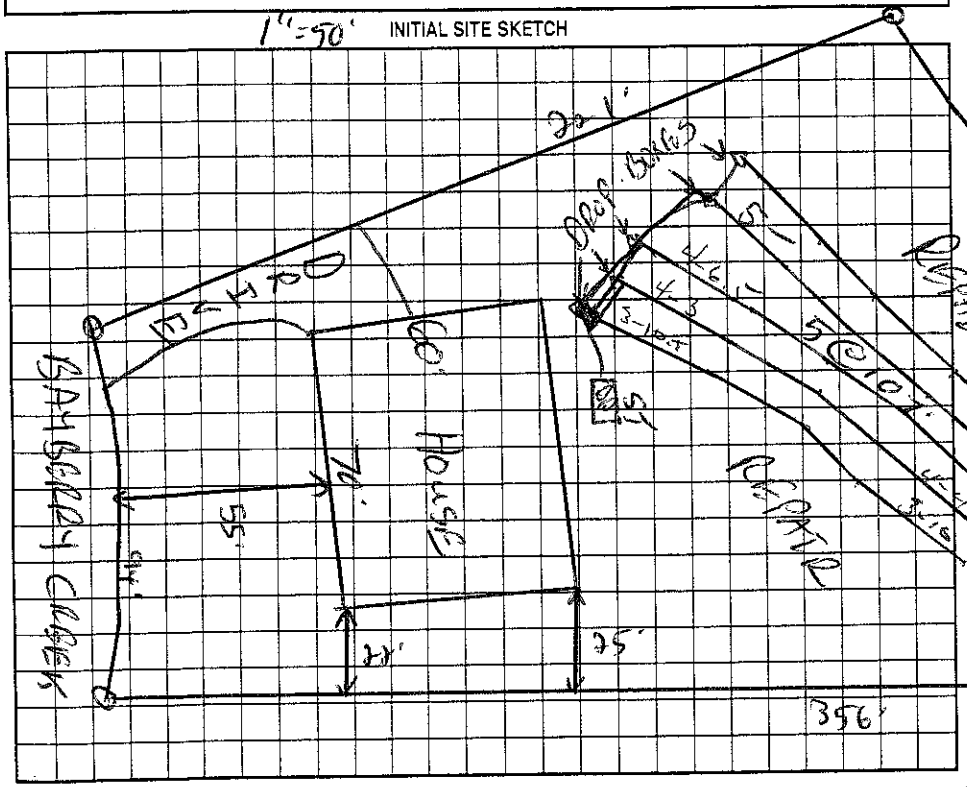
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

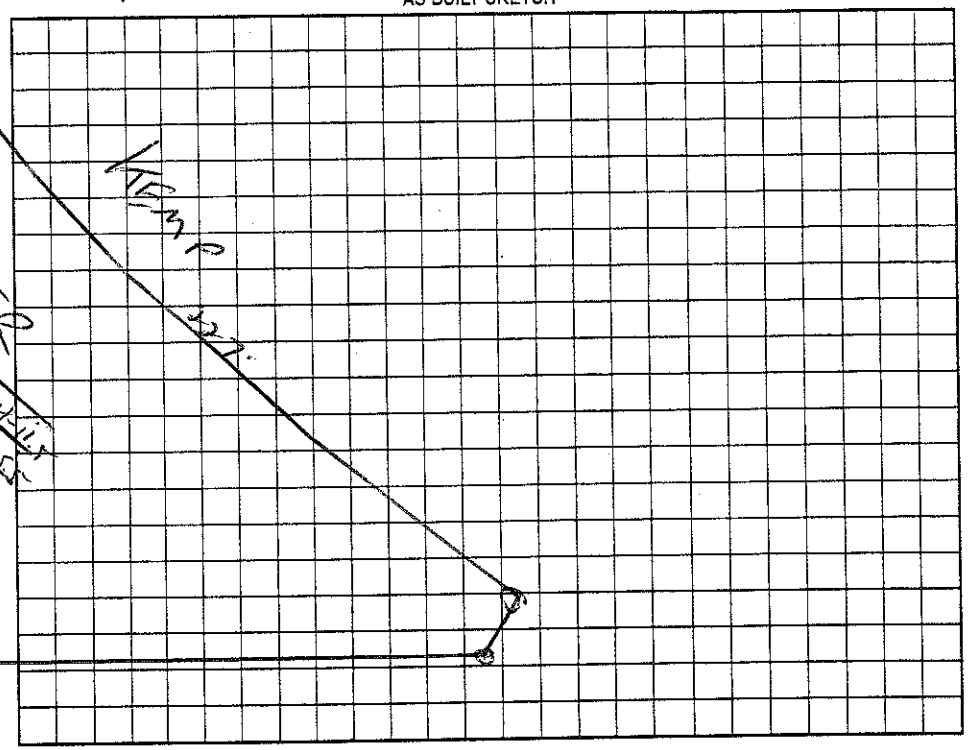
Comments:/Conditions:

Comments:/Conditions: 32 Flow Installed
Accepted System - 400' installed
Drop Box installed

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: [signature] date 7-12-04

Improvement Permit by: [signature] RS date 6/29/04

Authorization to Construct by: [signature] RS date 4/11/05

Installed by: Hallman Construction

Operation Permit by: Wesley Sparks RS. date 10/19/05

Existing System Inspection by: ____ date ____

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