IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118750 PIN# 4626384001 ; 361 4626262008 DATE 6/24/04

OWNER OR CONTRACTOR THE FARMS LLC / Greg Robbins PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - TR KEMP - TR ALDER SPRINGS - TL BAYBERRY - TR LINDEN - AT END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 361 LOT AREA 1.89AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .25GPD/FT2

Septic Tank: 1000 Gallons; STB 444 Date 4-17-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP DANE L.

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

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

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

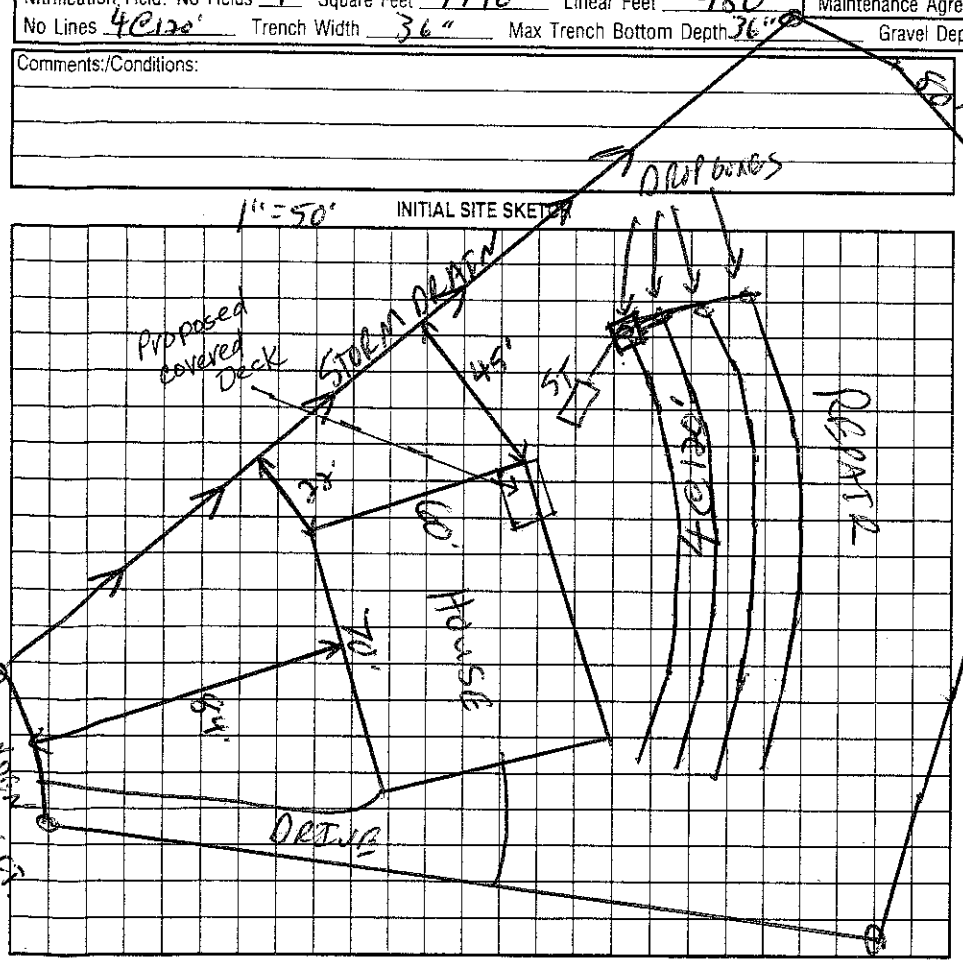
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: Note: Installed Distribution box w/ EZ Flow, essentially as drawn.

1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Roof over existing deck addition does not appear to impact the existing septic system.

**NOTE: ____

Amy Melville R.S.

Date: 11-25-13

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 7-12-04 Installed by: Kevin Hallman RS

Improvement Permit by: C. Smith RS date 6/24/04 Operation Permit by: Marie Wilson date 8/31/07

Authorization to Construct by: Smith E Allen date 3/28/07 Existing System Inspection by: ____ date ____

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