4626265961

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118712 PIN# 4626384001.348 DATE 6/21/04

OWNER OR CONTRACTOR THE FARMS LLC / DIBBLE CONST. CO. PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TL KEMP - TR ALDER SPRINGS - TL BAYBERRY - ON RT PAST ANDERSON

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 348 LOT AREA .79Ac SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3600/FT²

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 5/7/05

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: GRAVITY 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

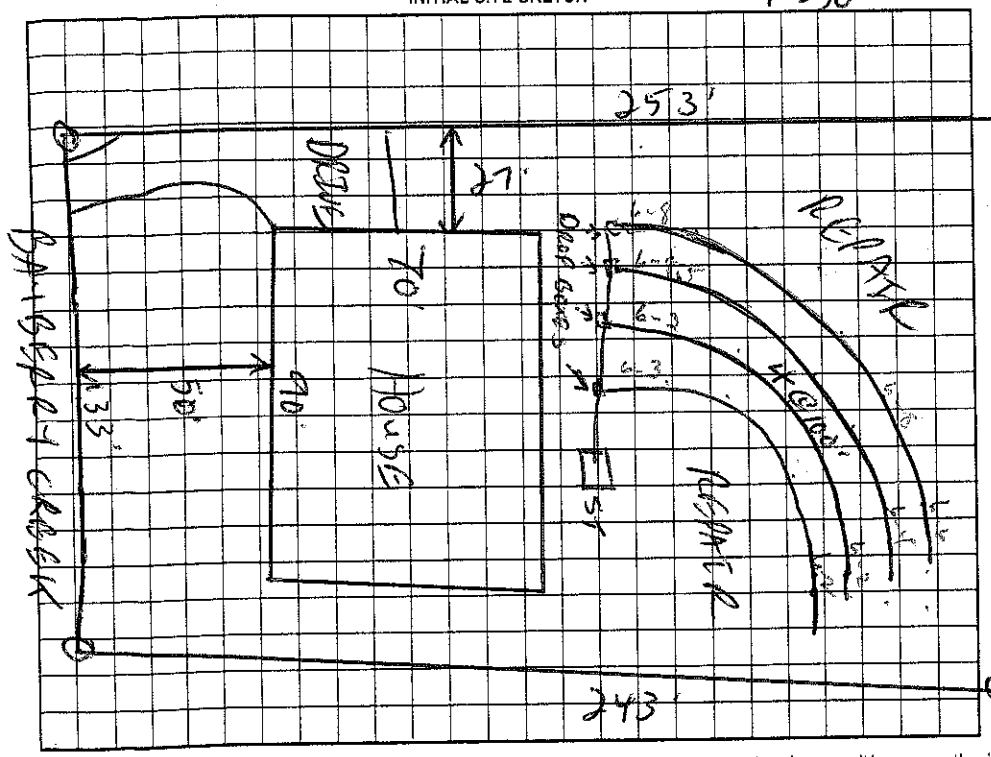
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

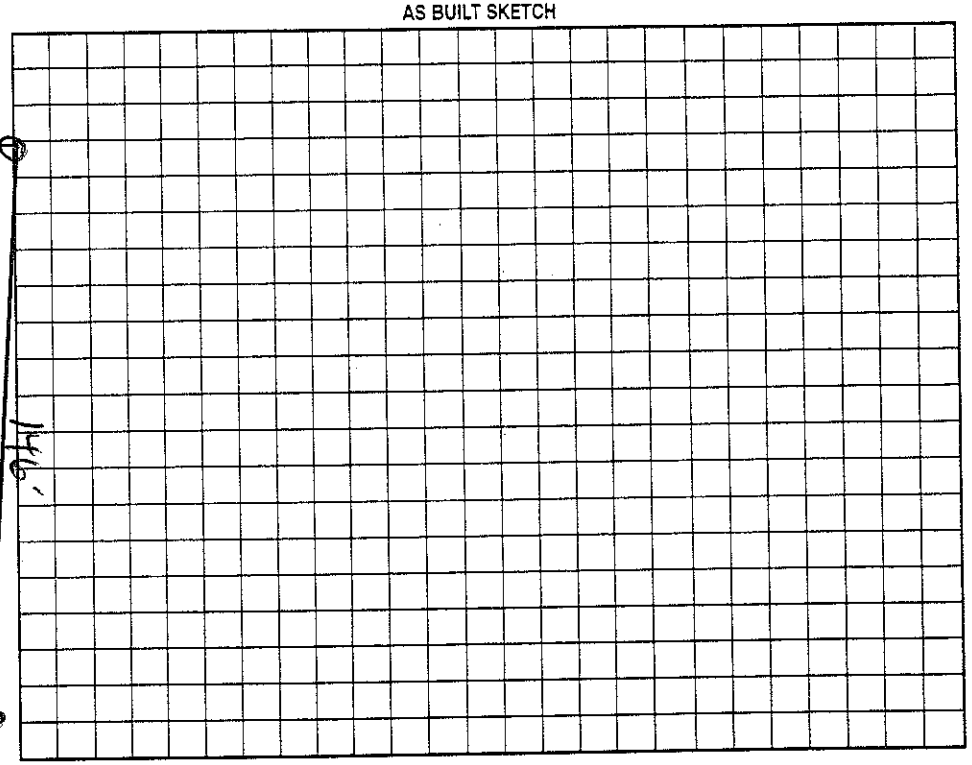
Comments:/Conditions:

Comments:/Conditions:

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 7-12-04 Installed by: Osborn & Sons

Improvement Permit by: _____ RS date 6/21/04 Operation Permit by: Wesley Sparks RS. date 6/30/05

Authorization to Construct by: Wesley Sparks RS date 2/15/05 Existing System Inspection by: _____ date _____

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