4626279658

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118623 PIN# 4626 38 4001.328 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS/COURTLAND PROPERTIES PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TL McKENDREE - TL KEMP - TR ALDER SPRINGS - IN CUL-DE-SAC

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 328 LOT AREA 1.82AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. 25%/ET2

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/29/05

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" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PAVE

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

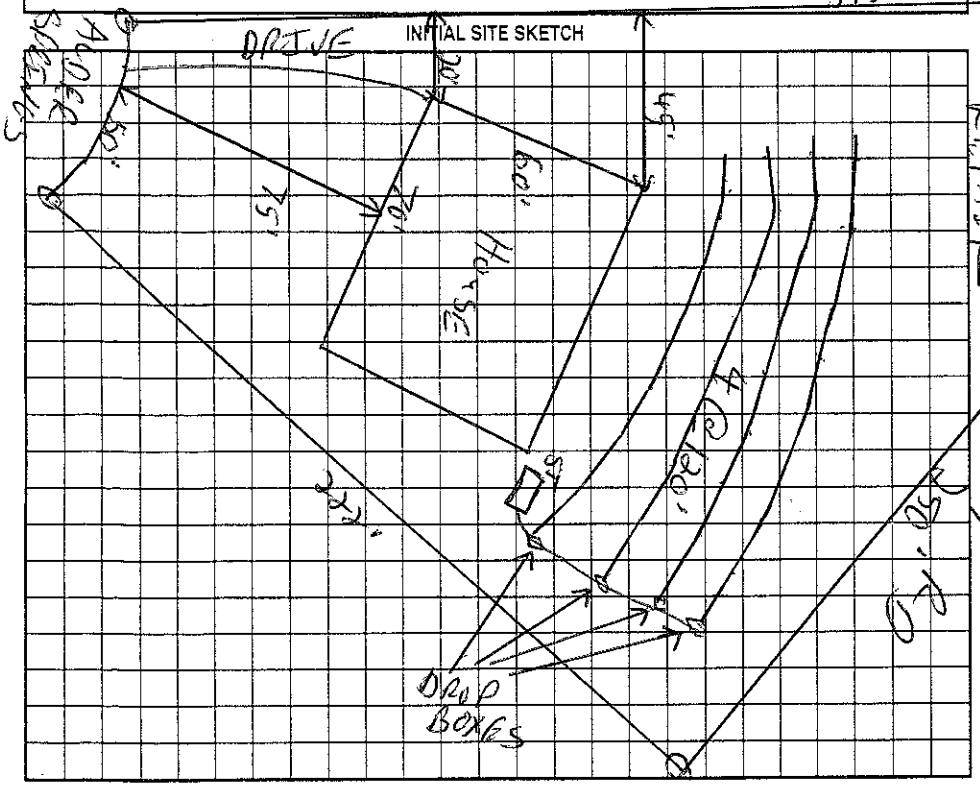
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions:

1"=50'

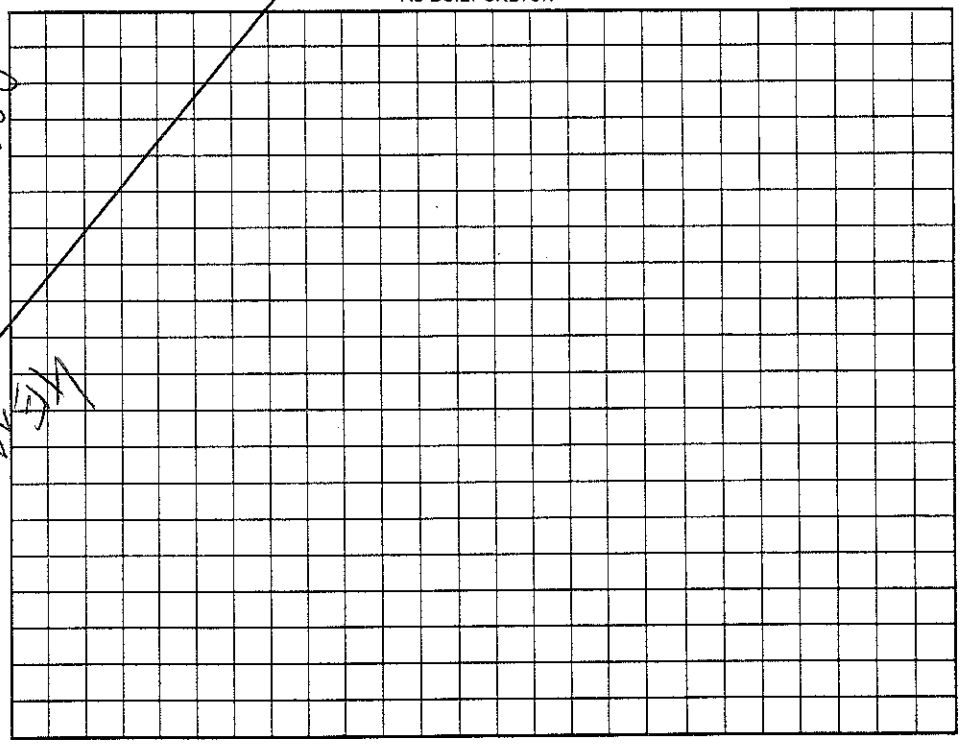
313'

INITIAL SITE SKETCH



Comments:/Conditions:

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 7-15-04 Installed by: Stanley Septic

Improvement Permit by: ____ RS date 5/24/04 Operation Permit by: ____ RS date 9/2/05

Authorization to Construct by: Wesley Sparks R.S. date 3/14/05 Existing System Inspection by: ____ date ____

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