4.00
130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118591 PIN# 4626 38 7001, 312 4626281211 DATE 2/3/05

OWNER OR CONTRACTOR THE FARMS LLC / Simonini Bldrs PHONE: Business _____ Home _____

ADDRESS 3214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - ~~TR~~ - TR BAYBERRY ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 312 LOT AREA .99AC SITE CLASS RS DESIGN FLOW 480 GPD L.T.A.R. .3600/Ft²

Septic Tank: 1000 Gallons: STB 338 Date 2-26-06

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 _____

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

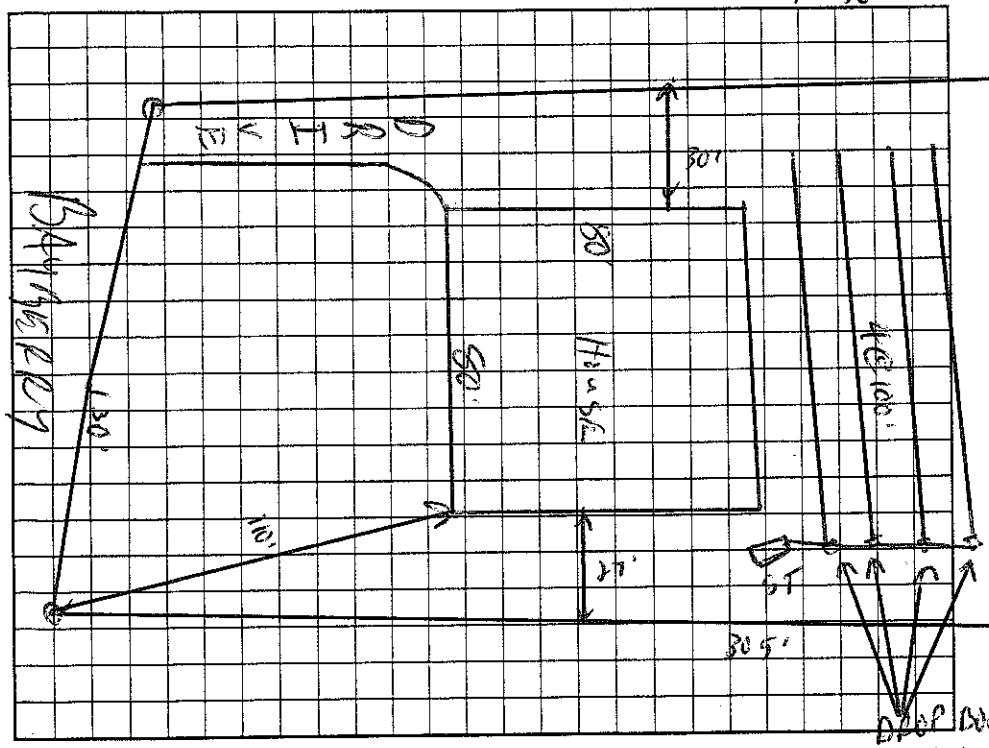
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

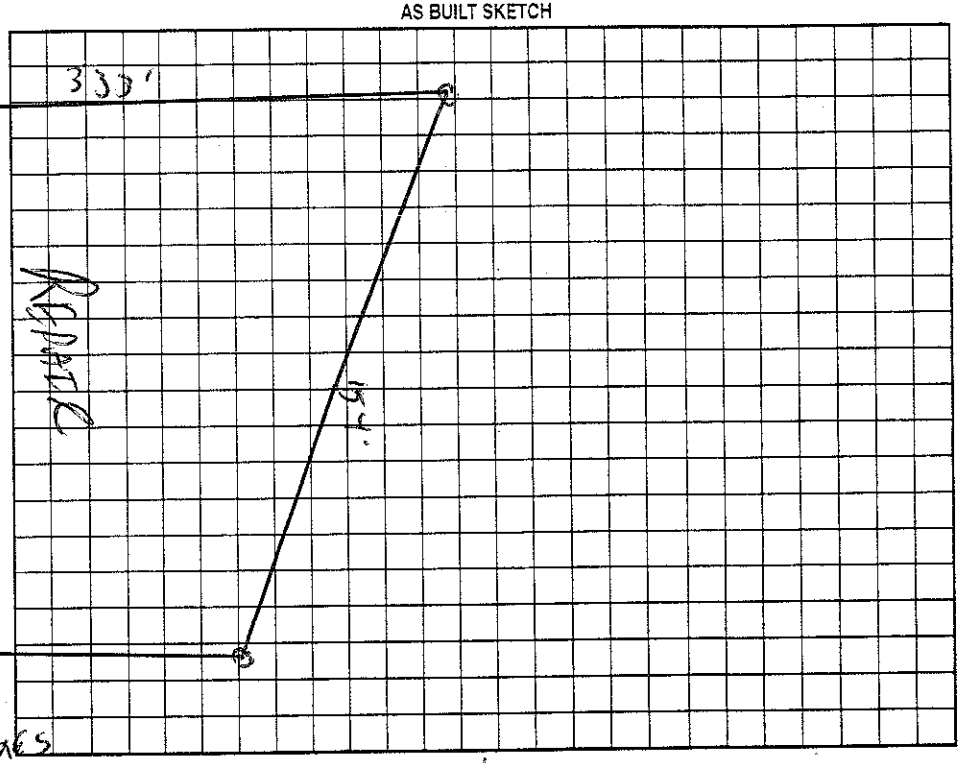
Comments:/Conditions:

Comments:/Conditions: Installed EZ Flow essentially as Drawn

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: R&T

Improvement Permit by: _____ RS date 2/3/05 Operation Permit by: _____ date 4/7/05

Authorization to Construct by: _____ RS date 3/4/05 Existing System Inspection by: _____ date _____

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