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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119666 PIN# ~~4625 50 5104.436~~ 4626284638 DATE 1/25/05

OWNER OR CONTRACTOR THE FARMS LLC/JS Testa PHONE: Business _____ Home _____

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKINNON FR - ~~DANNY~~ TR BAYBERRY - ON LT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 436 LOT AREA 1.05AC SITE CLASS. CS DESIGN FLOW 480GPD L.T.A.R. 3600FT2

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 1/29/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1500 Linear Feet 500 FT

No Lines 4@100 125 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 PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☒ 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

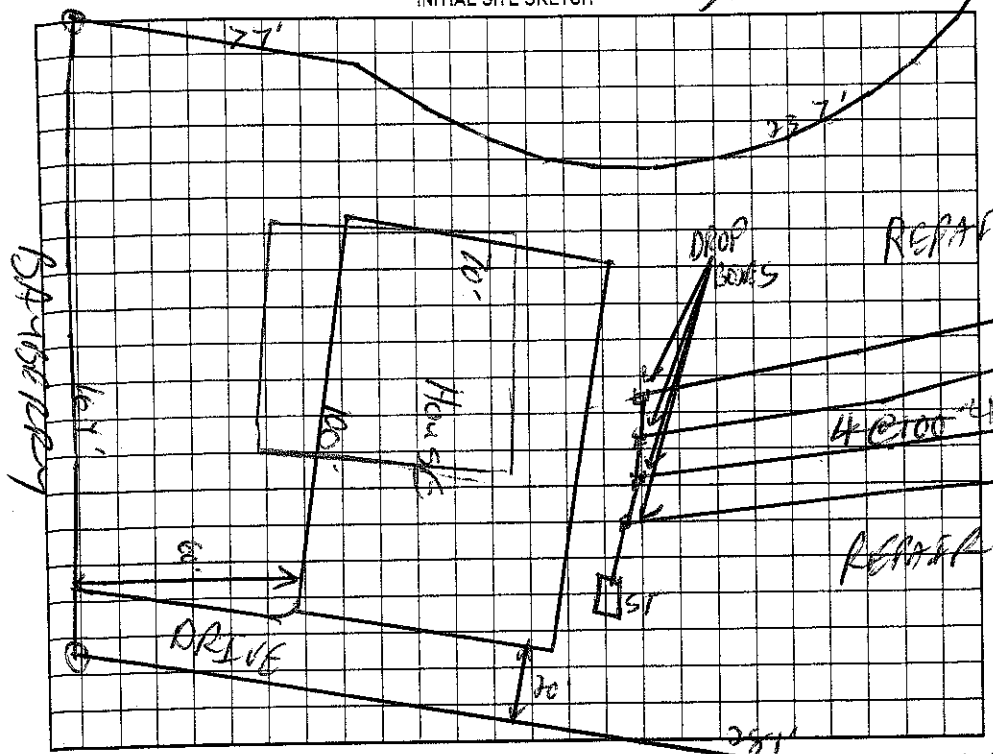
Comments:/Conditions:

1"=50'

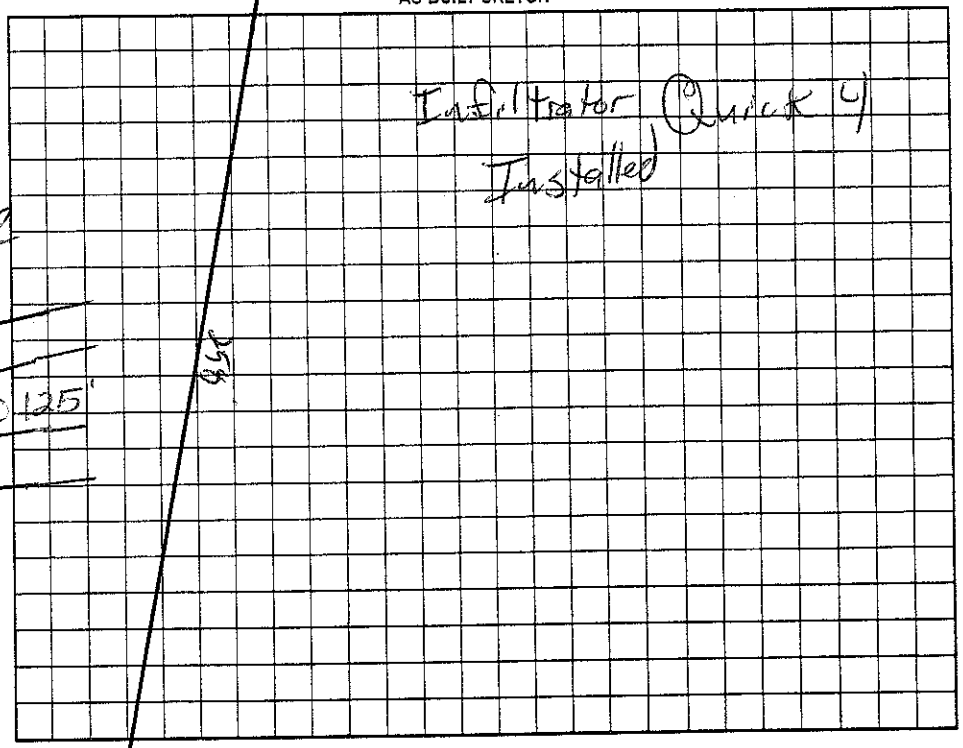
WELL LOT

Comments:/Conditions: 67' Upgrade to 5 Bedroom 4 lines @ 125' each = 500 FT Total

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: _____ date 2-24-05 Installed by: Othison

Improvement Permit by: _____ date 1/25/05 Operation Permit by: _____ date 4/12/06

Authorization to Construct by: _____ date 11/22/05 Existing System Inspection by: _____ date _____

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