IREDELL COUNTY HEALTH DEPARTMENT

STATE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 118761 PIN# 4627 35 4001 372 4626 36 3769 DATE 6/29/07

OWNER OR CONTRACTOR THE FARMS LLC / ~~SIMONINI BLDRS INC~~ PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TL KEMP - TR ALOCK SPRINGS - LOT ON LT - SEPTIC ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 372 LOT AREA .89 AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 3650/FT

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 5/22/07

Pump Tank: 1000 Gallons; PT 283 Date 5/26/07

Pump Make: GOULDS Model WED-712H Serial No. 2/27/07

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' 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: PUMP OFFSITE 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

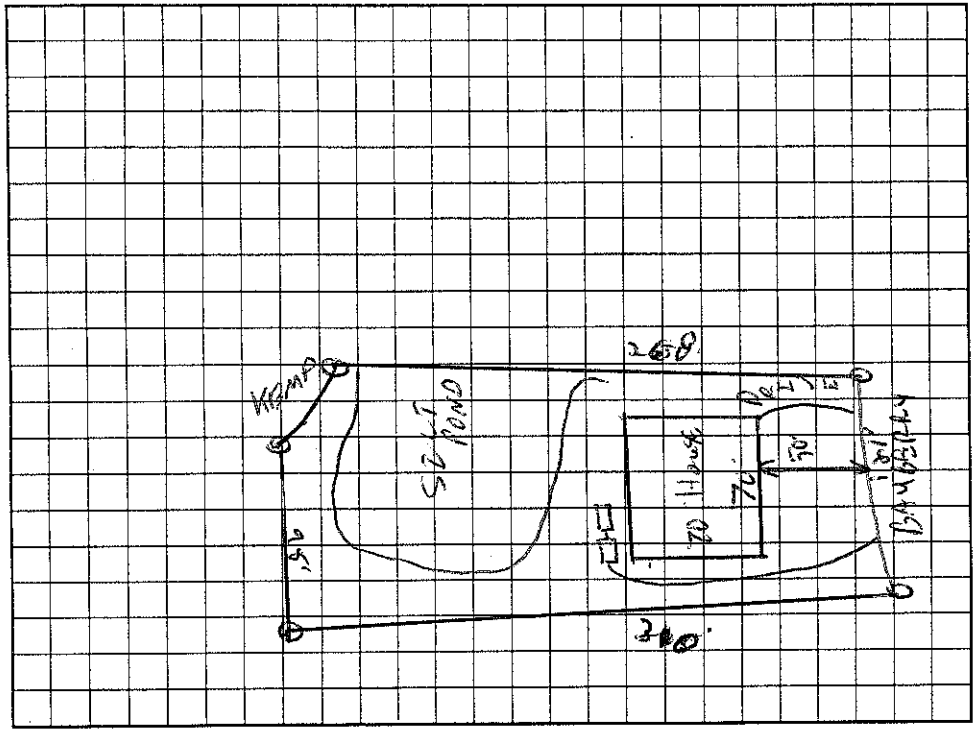
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

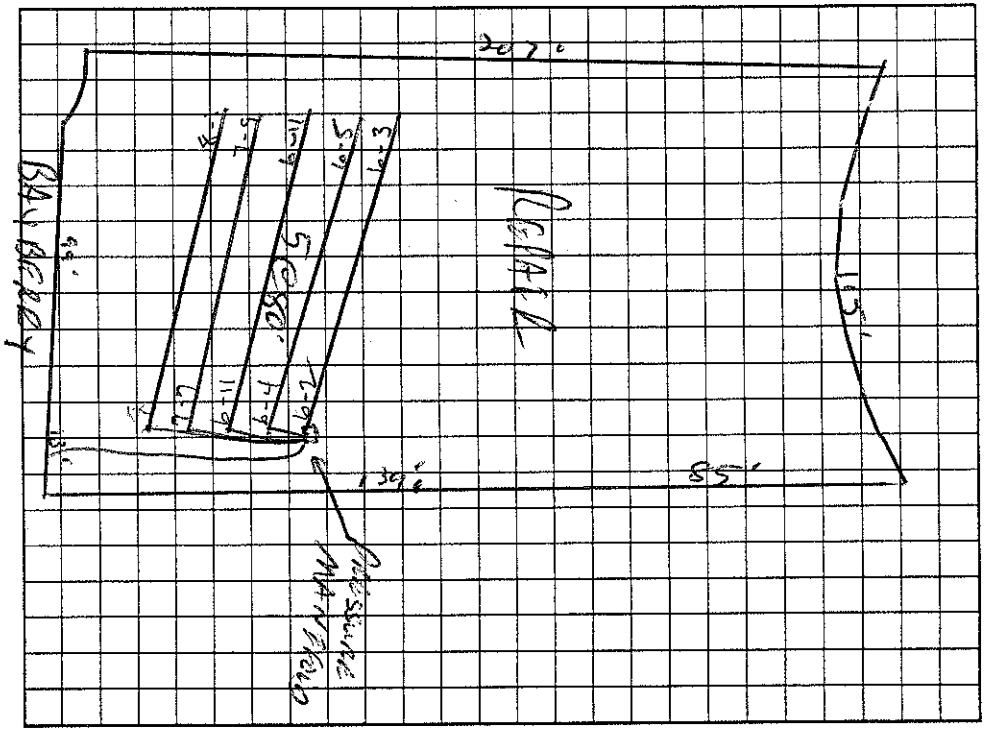
Comments:/Conditions: SEE PLAT FOR SUPPLY LINE LOCATIONS

Comments:/Conditions:

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 7-12-04

Improvement Permit by: _____ RS date 6/29/07

Authorization to Construct by: Wesley Sparks RS date 7/17/07

Installed by: Olmon & Sons

Operation Permit by: Judy Melville date 12-6-07

Existing System Inspection by: _____ date _____

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