36 3-0155 2.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118634 PIN# 4626 38 4001, 331 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS LLC T-S JOHNSON BUILDERS PHONE: Business 660-1185 Home

ADDRESS 221 BRAWLEY SCHOOL MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL TR McKENDREE - TL KEMP - TR ALOGA SPRINGS - AT END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 331 LOT AREA .764C SITE CLASS. A/S DESIGN FLOW 480GPD L.T.A.R. .256 PD/FT2

Septic Tank: 1000 Gallons; STB 338 Date 5-21-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5 @ 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: LP PAVEL
Maintenance Agreement Required: ☐ Yes ☑ No

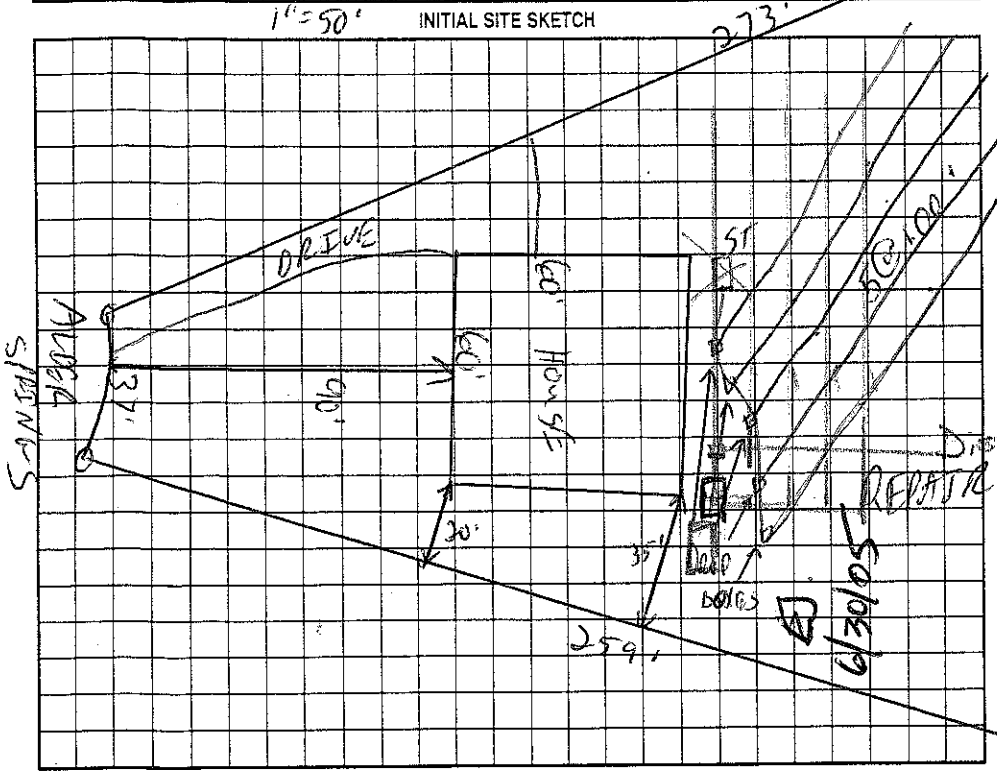
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

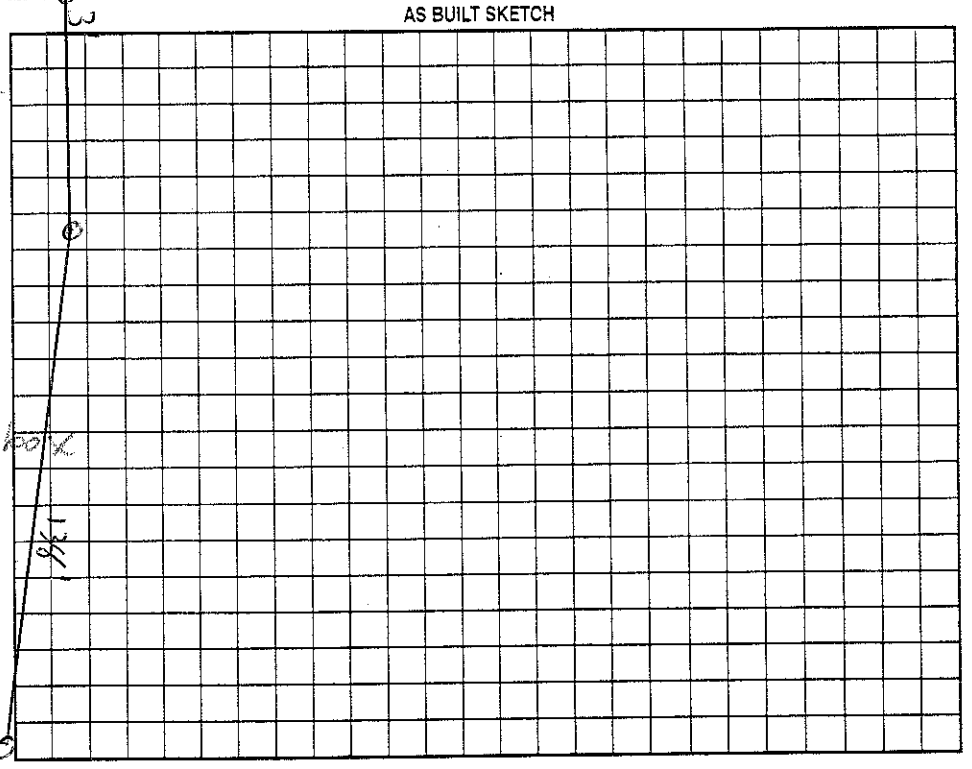
Comments:/Conditions:

Comments:/Conditions: Installed Easy Flow Drainlines parallel to house

1"=50' 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 Installed by: Willie Christenbury

Improvement Permit by: C. Hall RS date 5/24/04 Operation Permit by: Maria H. Dotson AS date 6/30/05

Authorization to Construct by: C. Hall RS date 12/24/07 Existing System Inspection by: _____ date _____

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