# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118702 PIN# ~~4626-35-4001-339~~ 4626372145.000 DATE 6/18/04

OWNER OR CONTRACTOR THE FARMS LLC / Lake Norman Signature PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McNAMARA - 1ST KEMP - TR ALOE SPRINGS - TL BAYBERRY - ON RT.

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 339 LOT AREA 1.76 SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .256 FT²

Septic Tank: 1000 Gallons; STB 538 Date 11/6/04
Pump Tank: 1000 Gallons; PT 243 Date 12/13/05
Pump Make: Gould Model WE50S12H46 Serial No. K057708
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6@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 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

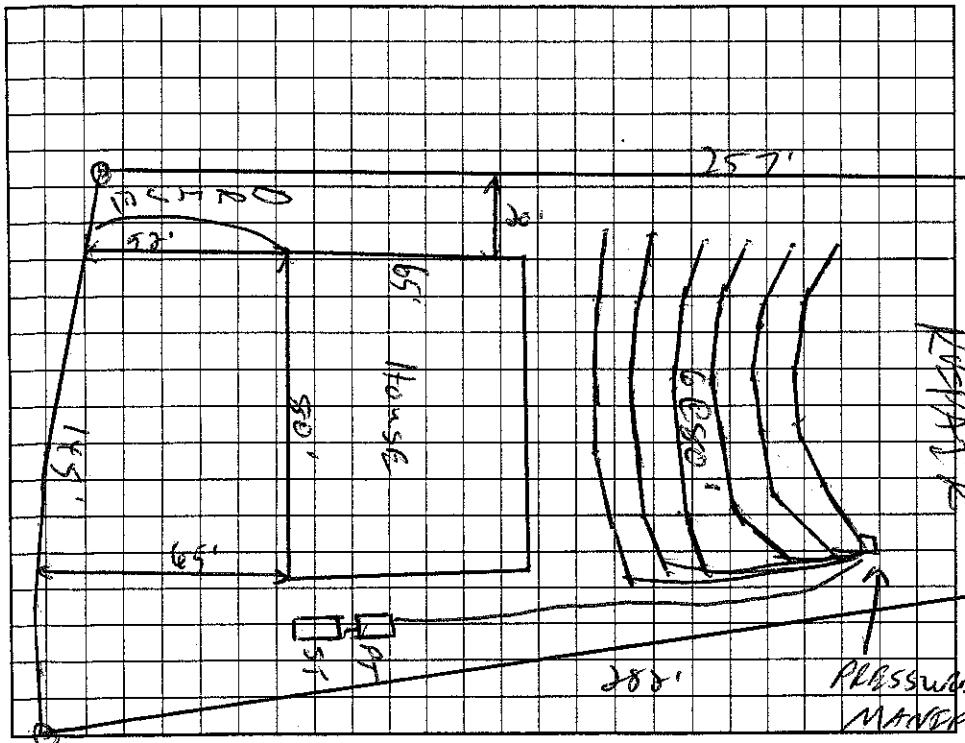
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

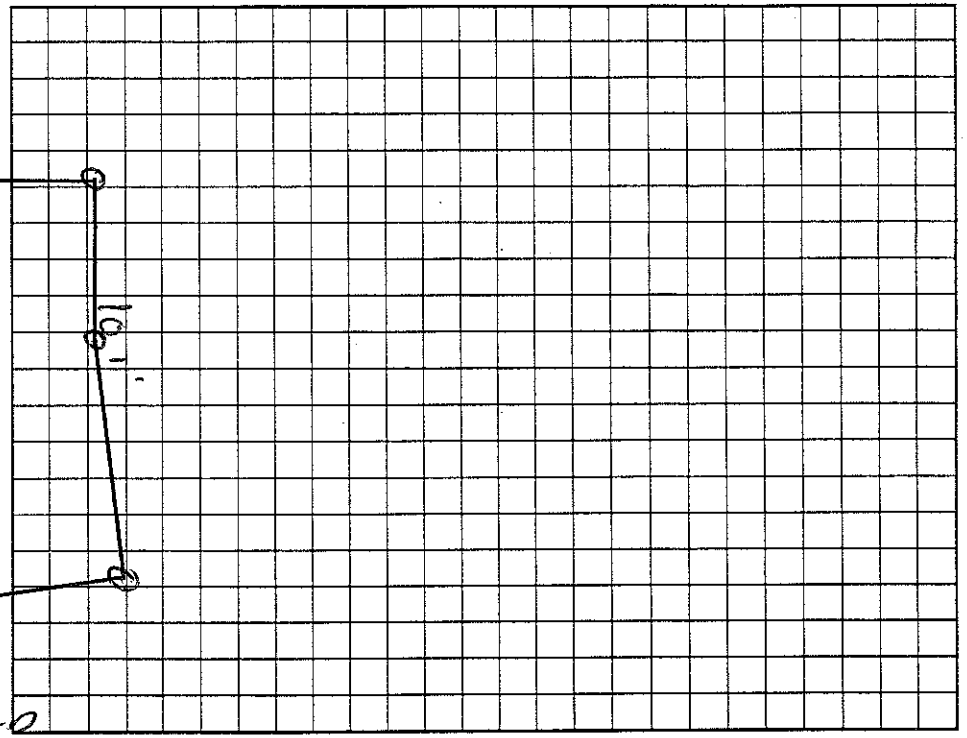
Comments:/Conditions:

Comments:/Conditions:

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: Hallman Const

Improvement Permit by: _____ RS date 6/18/04 Operation Permit by: _____ RS date 3/17/06

Authorization to Construct by: _____ RS date 7/1/05 Existing System Inspection by: _____ date _____

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