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# ~~4026-36-4901-339~~ 4626372195.000 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 McMANOREE - 1ST KEMP - TR GLORIOSPRINGS - TL BAYBERRY - ON RT.

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 339 LOT AREA 1.76 AC SITE CLASS PS DESIGN FLOW 480GAL L.T.A.R. 2560 SQ FT

Septic Tank: 1000 Gallons; STB 338 Date 11/6/06
Pump Tank: 1000 Gallons; PT 243 Date 12/13/05
Pump Make Goulds Model WE05512HH Serial No. K057108
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

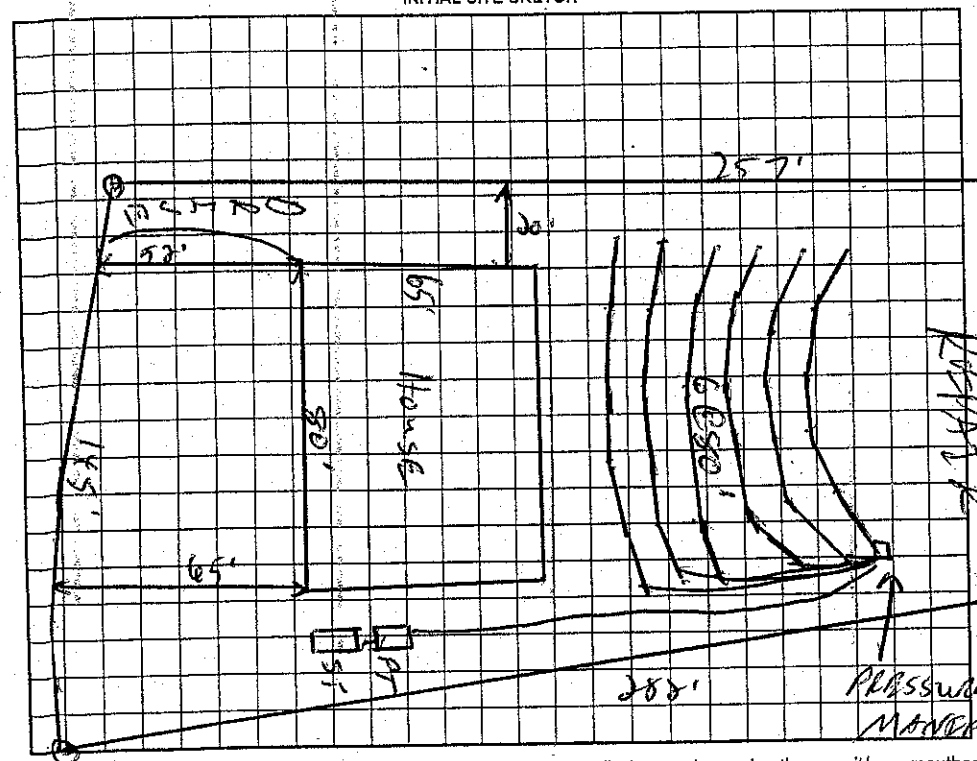
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

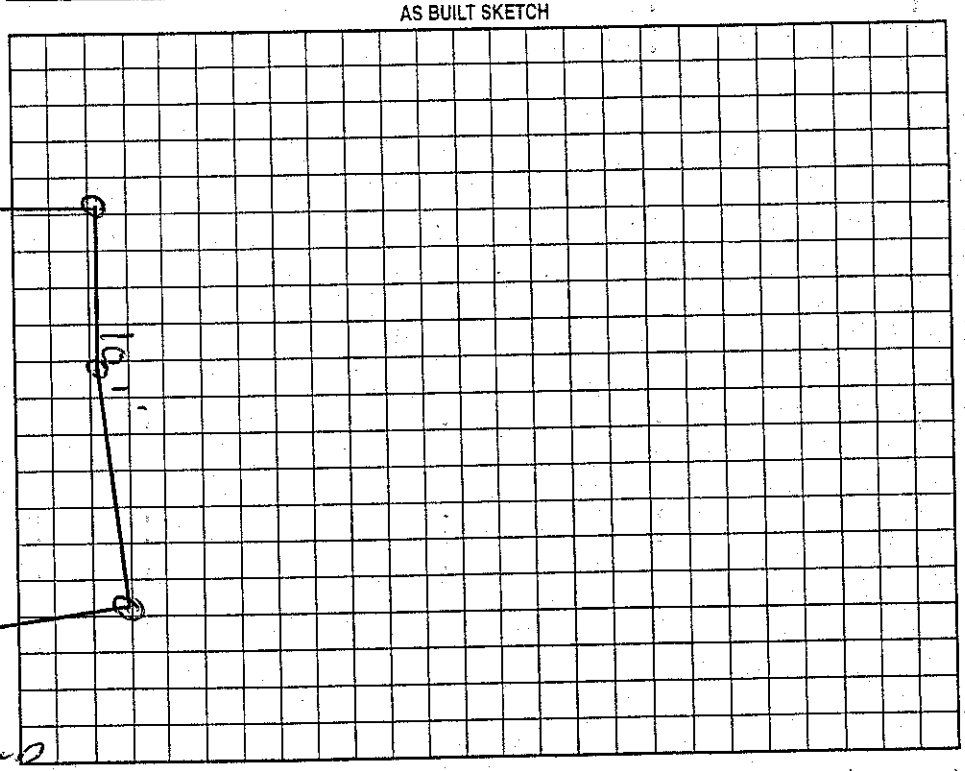
Comments:/Conditions:

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