IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10000~~ 18675 PIN# ~~4626 38 4001 .000~~ 333 4626-37-3548 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS LLC / WHITLEY CO. PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR McKENDREE - TL KEMP - TR ALDER SPRINGS - ON LT NEAR END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT ~~0000~~ 333 LOT AREA .78AC SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .3600/ET2

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 12/16/05 ☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI ☑ House/Mod. Home No. Bedrooms 4

Pump Tank: 1000 Gallons; PT 27 Date 12/8/05 System Description: LP PANEL ☐ Mobile Home No. Bathrooms 4

Pump Make: Gould Model VRE0512HHH Serial No. 1705260061 Repair System Description: LP PANEL ☐ Business No. Employees

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270 Maintenance Agreement Required: ☑ Yes ☐ No ☐ Other

No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

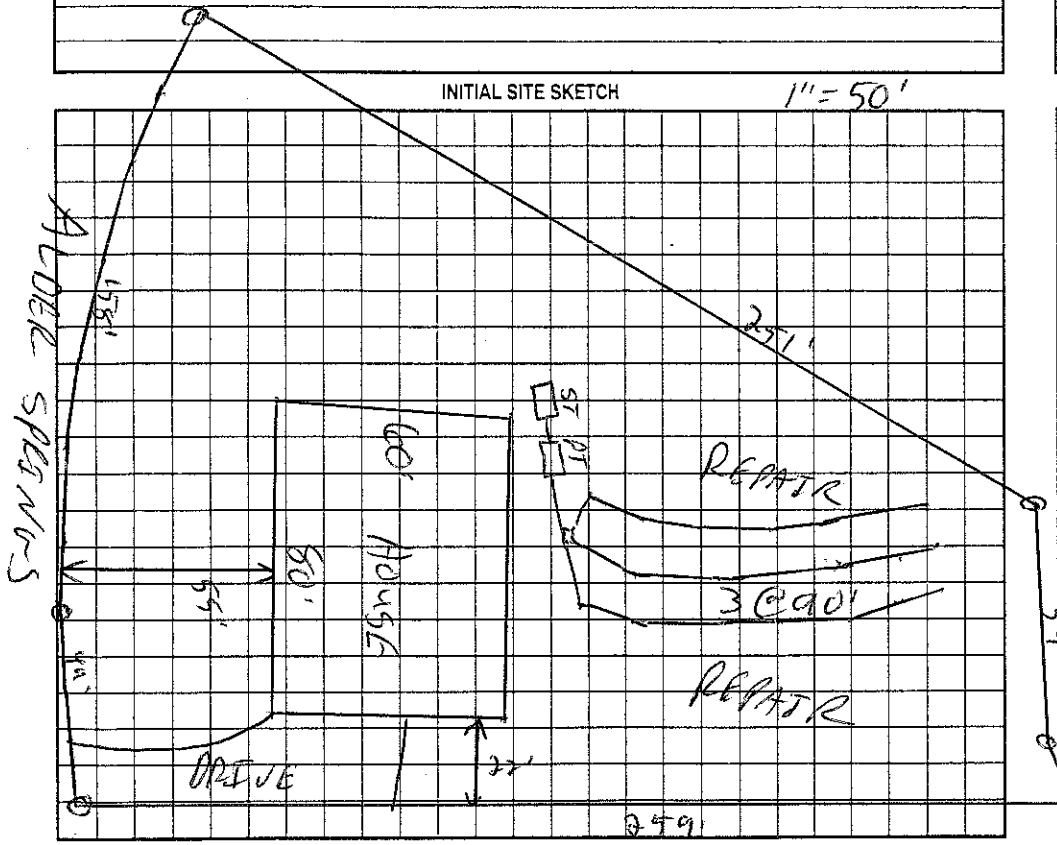
Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions:

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63 panels 3/16" holes

INITIAL SITE SKETCH 1" = 50'



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: Hall man

Improvement Permit by: _____ RS date 5/24/04 Operation Permit by: _____ RS date 12/7/05

Authorization to Construct by: Wesley Sparks RS. date 5/5/05 Existing System Inspection by: _____ date _____

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