IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118699 PIN# ~~4626-38-4001.337~~ 4626-37-4273 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS LLC / ARCADIA HOMES PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENOREE - TL KEMP - TR ALGER SPRINGS - TL BAYBERRY CK. - ON RT.

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT ~~2~~ 337 LOT AREA .76AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .256PD/A2

Septic Tank: 1000 Gallons; STB 338 Date 7-30-05
Pump Tank: 1000 Gallons; PT 27 Date 7-30-05
Pump Make: Goulds Model WE0312HM Serial No. S05992462
Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☑ Yes ☐ No

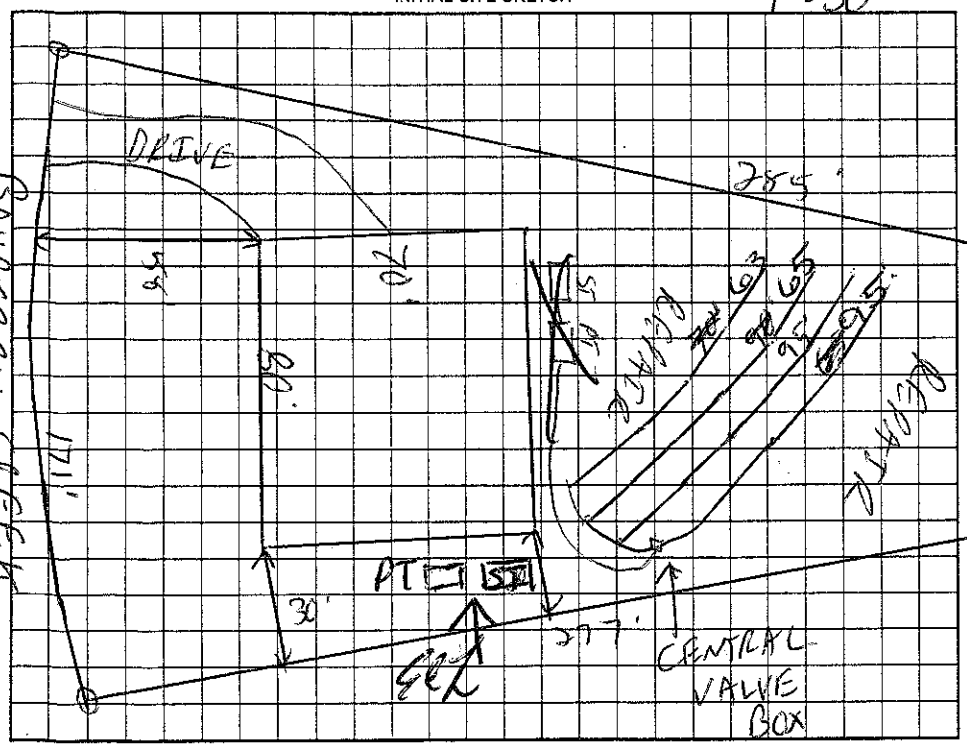
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

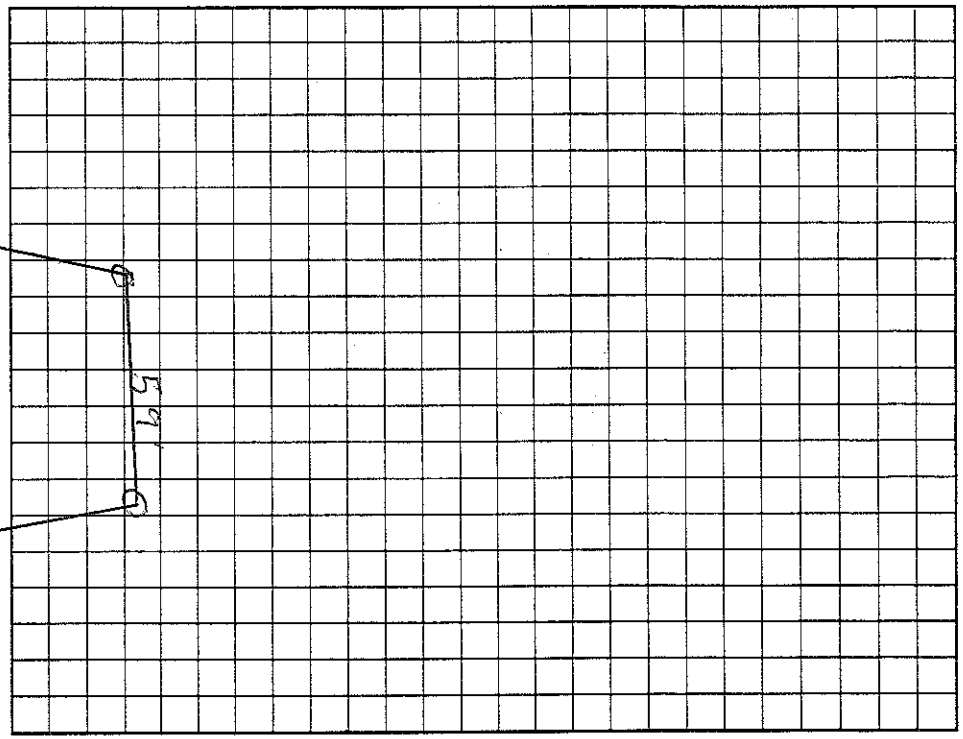
Comments:/Conditions:

Comments:/Conditions: Checked lines 9/1/05 MD
Keep any future pool at least 15ft from Septic System.

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 7-12-4 Installed by: RS

Improvement Permit by: _____ RS date 5/24/04 Operation Permit by: Maria H Robson RS date 11/11/06

Authorization to Construct by: Wesley Sparks R.S. date 6/8/05 Existing System Inspection by: _____ date _____

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