IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~K8605~~ 18682 PIN# ~~4626 34 4001 334~~ 4626374681.000 DATE 5/24/04

OWNER OR CONTRACTOR THE FARMS LLC / THE HOME COMPANY PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENOREE - TL KEMP - TR ALDER SPRINGS - ON LT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 334 LOT AREA .82 AC. SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36GPD/FT2

Septic Tank: 1000 Gallons; STB 338 Date 9-10-05

Pump Tank: 1000 Gallons; PT 27 Date 9-10-05

Pump Make: Gaids Model WE0312M Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@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: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ ~~House~~/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

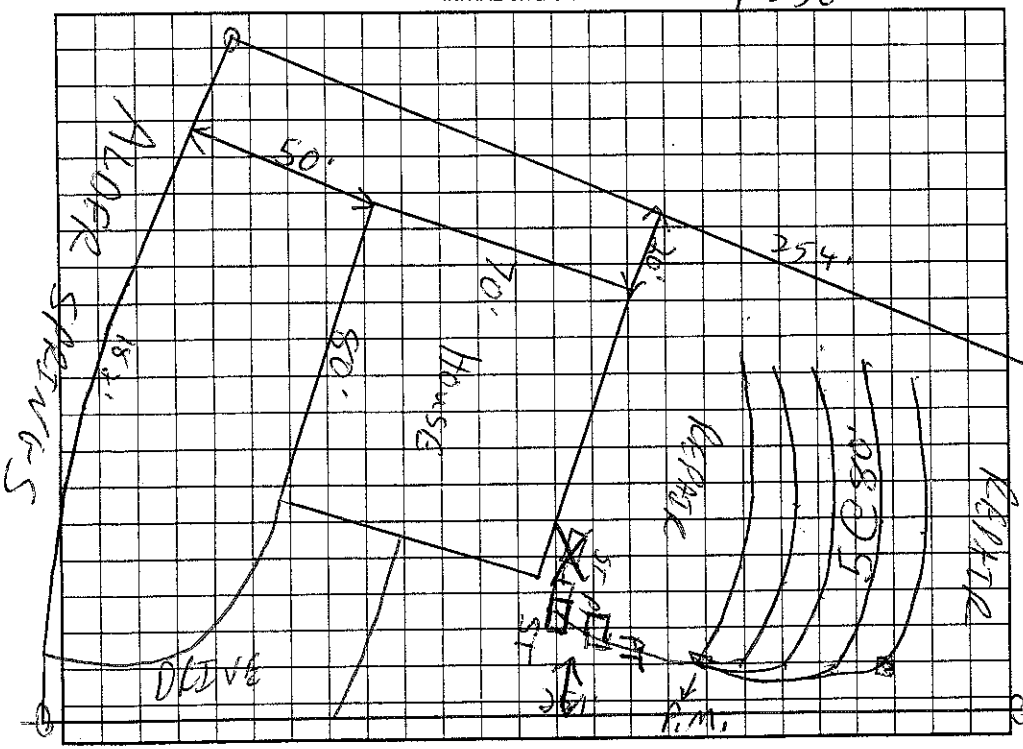
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions: Installed EZ Flow for Drainfield, checked 8/29/05

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as Drawn

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: R & H

Improvement Permit by: date 5/24/04 Operation Permit by: date 1/26/06

Authorization to Construct by: date 4/22/05 Existing System Inspection by: date

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