IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 375

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

PERMIT# 118606 PIN# ~~4626-36-4001.319~~ 4626-38-1430 DATE 12/7/04

OWNER OR CONTRACTOR THE FARMS LLC / Mecklenburg Home Bldrs PHONE: Business _____ Home _____

ADDRESS 1685 BROADSILL DRIVE MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR McKNORRE - ~~TAMARACK~~ - TR BAY BERRY - ON RT

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 319 LOT AREA 1.12AC SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. .256/.192

Septic Tank: 1000 Gallons; STB 338 Date 11/13/05

Pump Tank: 1000 Gallons; PT 27 Date 10/22/05

Pump Make: Gould's Model WE07121H Serial No. 6/36/165

Nitrification Field: No. Fields 1 Square Feet 660 Linear Feet 330

No. Lines 3@110' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: L-P PANEL

Repair System Description: SAME

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

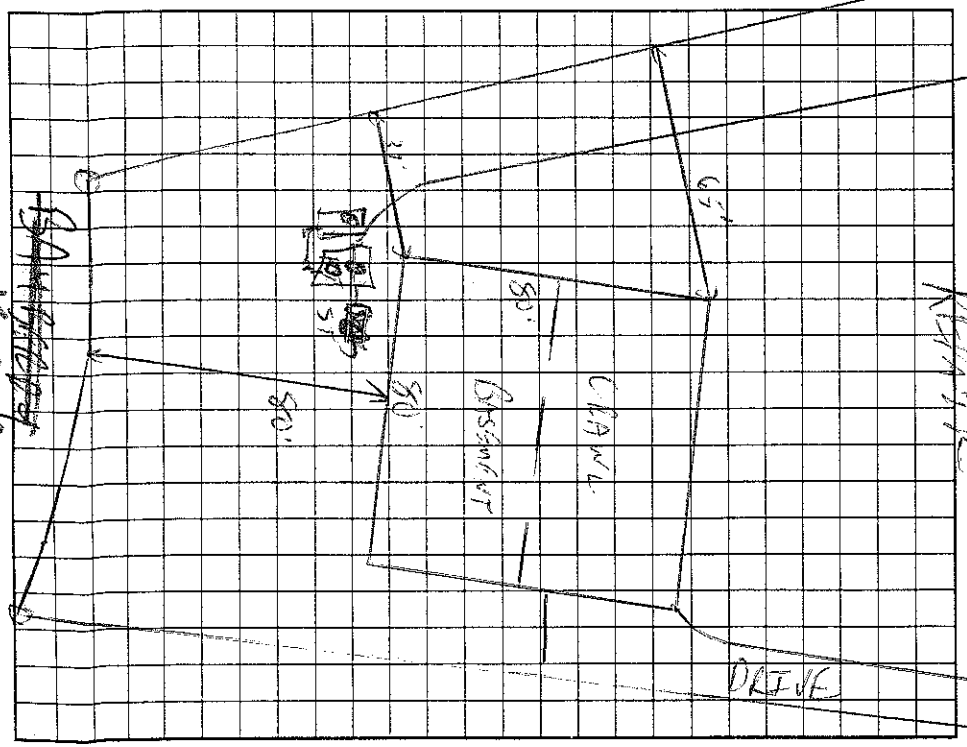
Comments/Conditions: DO NOT CUT HOUSE SITE

Comments/Conditions: PARTIAL

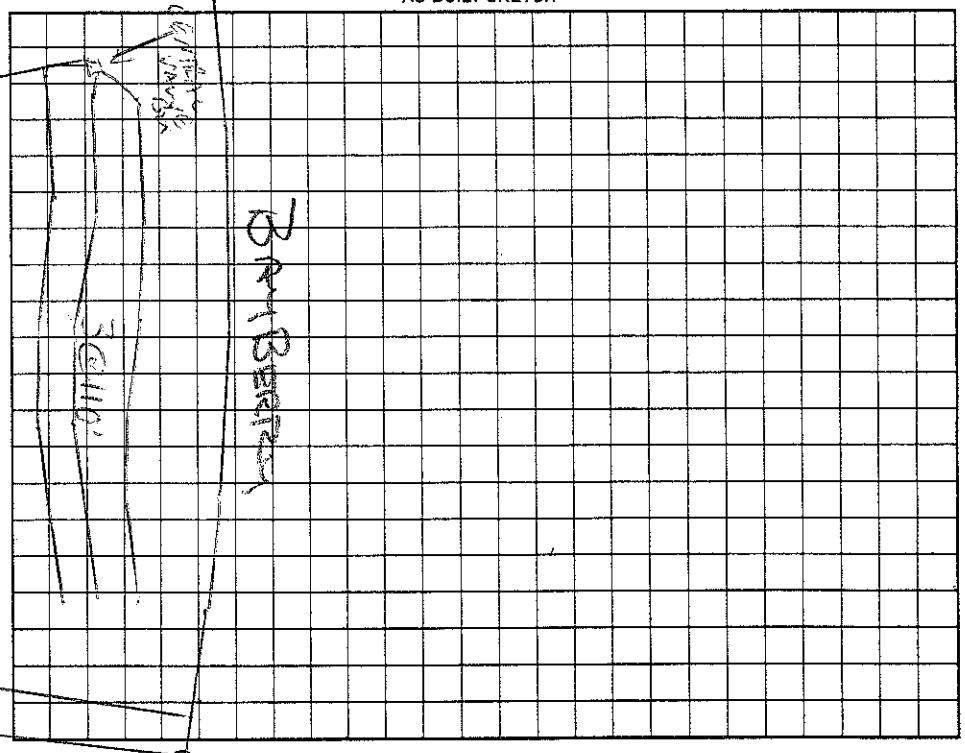
Pressure Septic Lines, Trenches, Supply Lines

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 2-24-05 Installed by: Orbison

Improvement Permit by: _____ RS date 12/7/04 Operation Permit by: _____ RS date 3/3/06

Authorization to Construct by: _____ RS date 7/27/05 Existing System Inspection by: _____ date _____

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