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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11963.2 PIN# ~~4625 50 510 4.429~~ 4626383695 DATE 1/25/05

OWNER OR CONTRACTOR THE FARMS LLC / Mallard Creek Homes PHONE: Business _____ Home _____

ADDRESS 2214 BRAWLEY SCHOOL RD. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCKNOREE - ~~INNWOOD~~ - TR BAMBERRY - ON LT CORNER OF IRONWOOD

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 429 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3650/F-2

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 10/28/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' 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: GRAVITY 25% REDUCTION

Repair System Description: C/PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

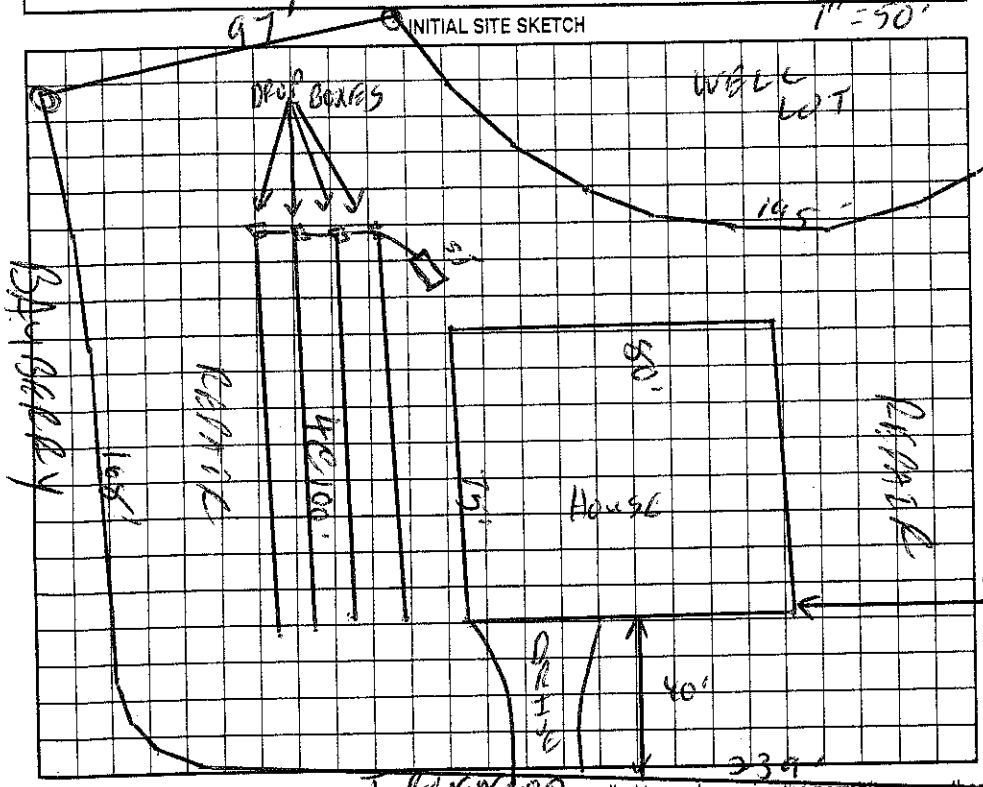
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

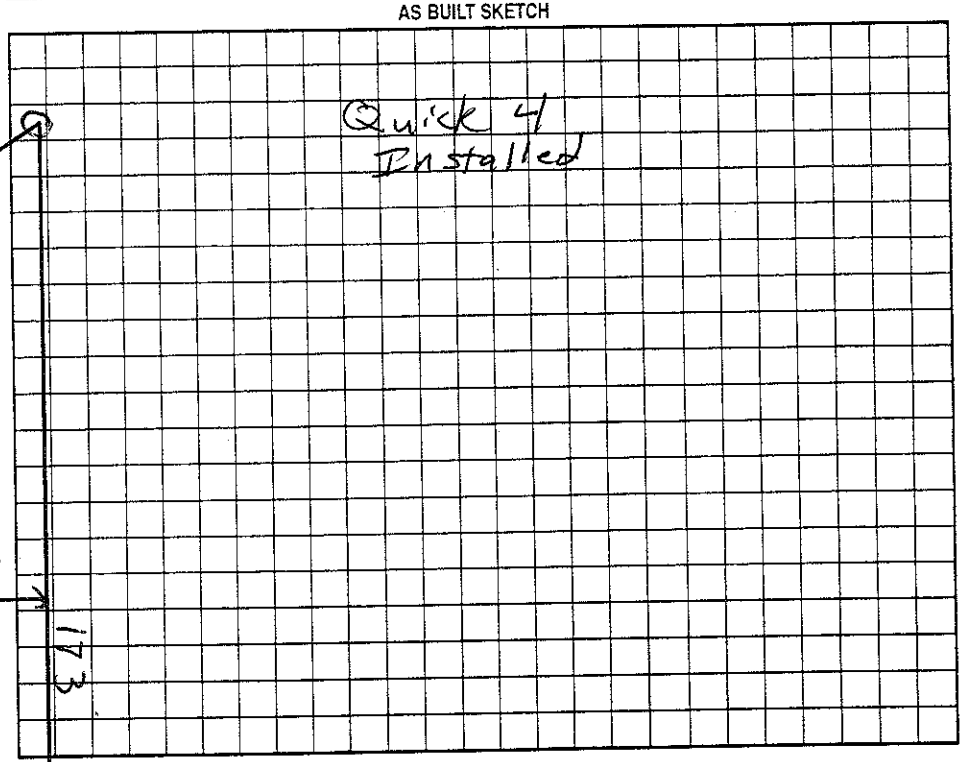
Comments:/Conditions:

Comments:/Conditions:

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: Anthony Orbison

Improvement Permit by: _____ date 1/25/05 Operation Permit by: _____ RS date 12/30/05

Authorization to Construct by: _____ RS date 1/25/05 Existing System Inspection by: _____ date _____

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