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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# 119631 PIN# 4625 50 5104.488 4626 38 4857 DATE 1/25/05

OWNER OR CONTRACTOR THE FARMS LLC / Whitley Construction PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville NC 28115

LOCATION Brawley School - TR McKendree - TR Bayberry - TL Elmwood - on LT

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 128 LOT AREA 1.17AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .25 GPD/FT²

Septic Tank: ~~1000~~/1500 Gallons; STB 3396 Date 1/26/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity 25% Reduction

Repair System Description: LPP ONE C

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

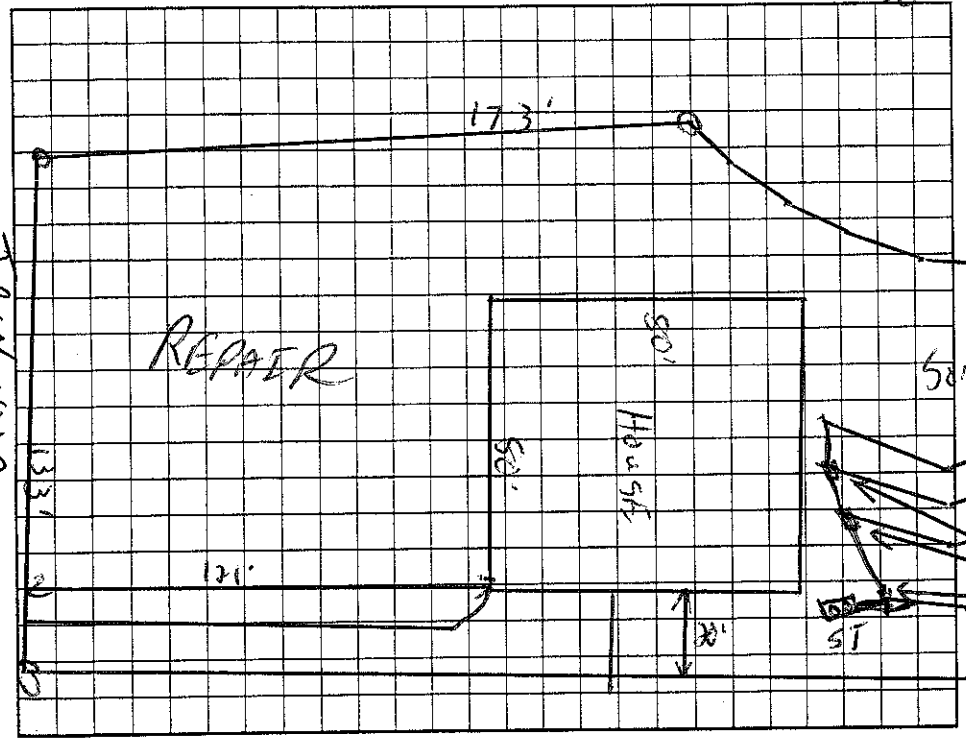
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

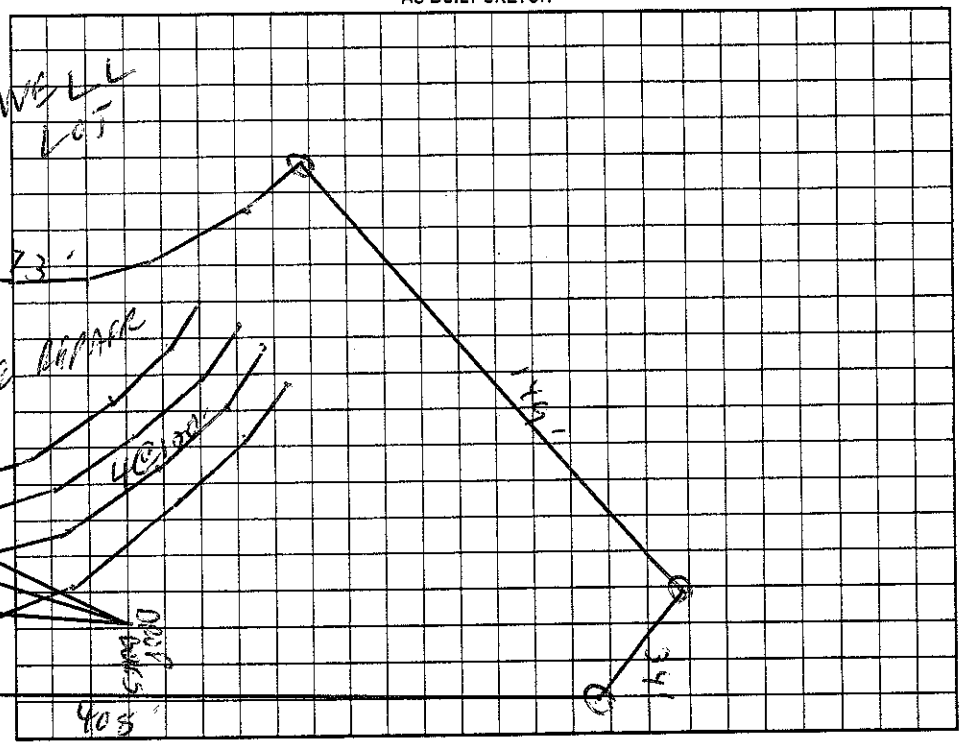
Comments/Conditions:

Comments/Conditions: Tank, Lines, Filter

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: Curt Dunnagan

Improvement Permit by: _____ date 1/25/05 Operation Permit by: Wesley Sparks RS date 4/11/06

Authorization to Construct by: _____ date 12/27/05 Existing System Inspection by: _____ date _____

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