4626385565 130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119671 PIN# ~~4625-50-510-7407~~ DATE 1/21/05

OWNER OR CONTRACTOR The Farms LLC / Courtland Prop. PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School

LOCATION Brawley School - TR McKenorlee - ~~Private~~ TR Bayberry on LT - corner of Ironwood

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 421 LOT AREA .824C SITE CLASS. 1S DESIGN FLOW 480GPD L.T.A.R. .3000/ft2

Septic Tank: 1500 Gallons; STB 338 Date 11/05
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 #1

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY 2 STORM CHAMBER
Repair System Description: 2P PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

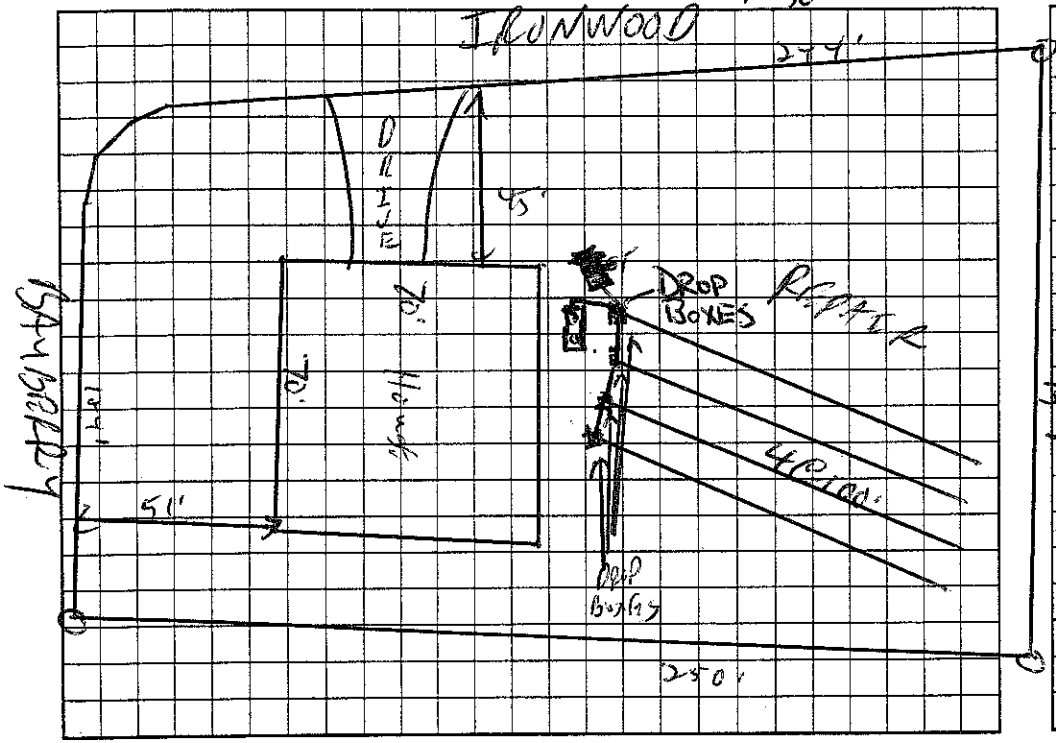
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments/Conditions: 11/14/05 Reviewed plans; essentially in compliance with original permit.

Comments/Conditions: Infiltrator installed

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: Stanley Septic Service

Improvement Permit by: _____ date 1/21/05 Operation Permit by: Wesley Sparks R.S. date 3/9/06

Authorization to Construct by: _____ date 9/14/05 Existing System Inspection by: _____ date _____

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