IREDELL COUNTY HEALTH DEPARTMENT

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

375

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

PERMIT# 119630 PIN# ~~4625-50-5104.427~~ 4626-38-5926 DATE 1/25/05

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

ADDRESS 7214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL MCKENDREE - ~~MAPLEWOOD~~ - TL BAYBERRY - TL FRONWOOD AT END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 27 LOT AREA 1.07ac SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .25 GPD/SF

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 11/14/05
Pump Tank: 1000 Gallons; PT 27 Date 9/28/05
Pump Make: Goulds Model WE0-3HM Serial No. _____
Nitrification Field: No Fields 1 Square Feet 670 Linear Feet 320
No Lines 4@80 Trench Width 24" Max Trench Bottom Depth 0 36" Gravel Depth N/A

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

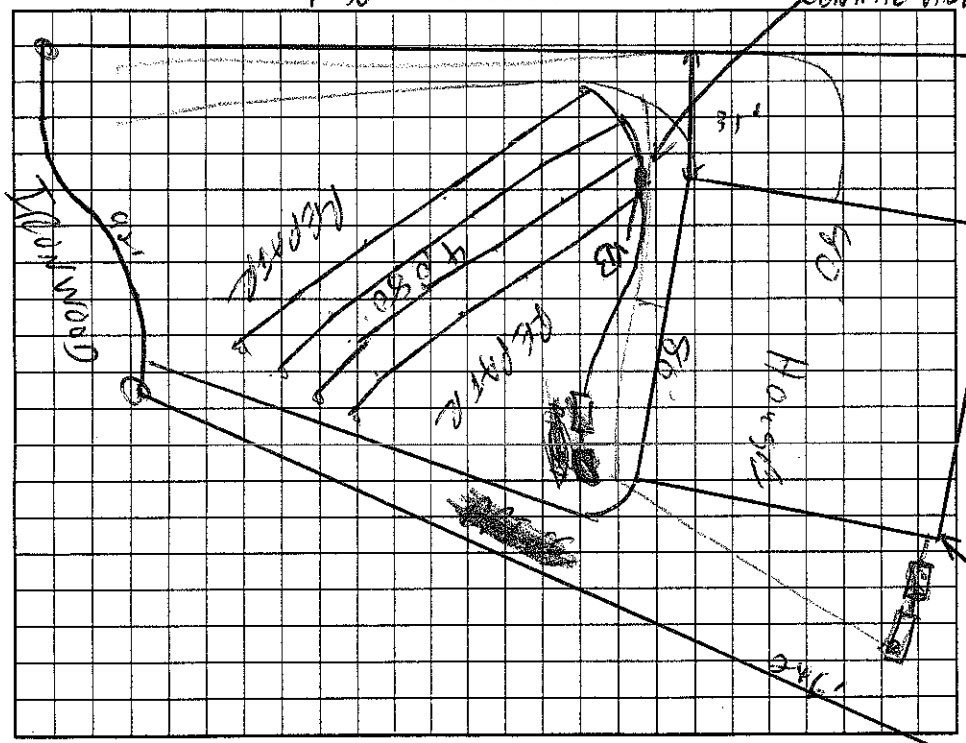
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

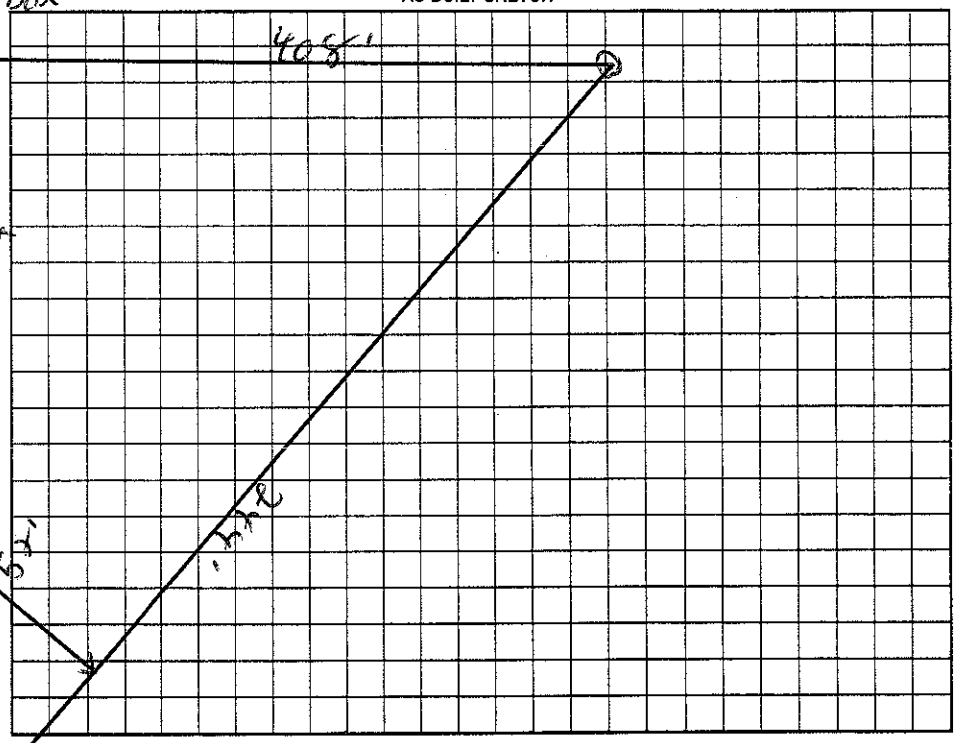
Comments:/Conditions:

Comments:/Conditions:

1"=50' INITIAL SITE SKETCH



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: Abernathy

Improvement Permit by: _____ date 1/25/05 Operation Permit by: _____ date 4/4/06

Authorization to Construct by: _____ date 7/25/05 Existing System Inspection by: _____ date _____

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