IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 130

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

PERMIT# 119625 PIN# ~~4625 50 5104. 424~~ 4626388898 DATE 1/25/05

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

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - ~~FARMS~~ - TR BAYBERRY - TL IRONWOOD - AT END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 424 LOT AREA 1.22 AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3600/FT²

Septic Tank: 1000 Gallons; STB 338 Date 1/26/06
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 ~~NA~~

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 2500 RESIDENTIAL
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

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

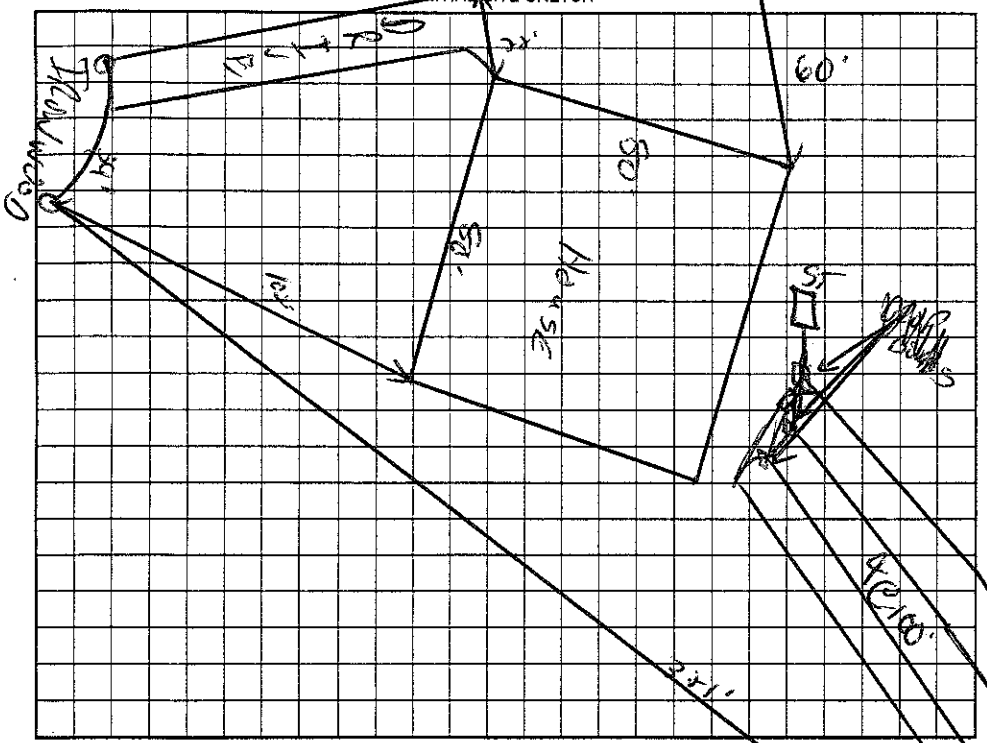
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

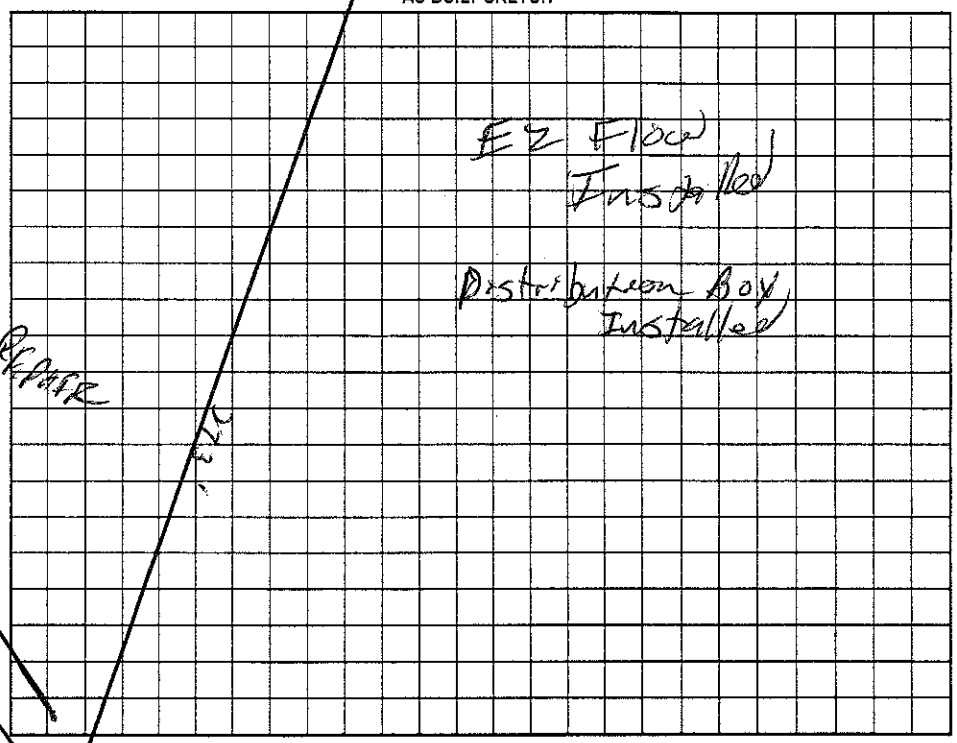
Comments:/Conditions: Reviewed plans 9/12/05, essentially in compliance with LP. 1" = 50'

Comments:/Conditions:

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 2-24-06 Installed by: Hallman Const.

Improvement Permit by: _____ RS date 1/25/05 Operation Permit by: _____ RS date 3/2/06

Authorization to Construct by: _____ RS date 9/12/05 Existing System Inspection by: _____ date _____

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