IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127335 PIN# ~~4626556909.449~~ 4626459380 DATE 6/30/04

OWNER OR CONTRACTOR THE FARMS LLC / T Whelan Homes PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - ~~TR MCKNIGHT - TL~~ TR SOUTHFORK - TR AG-NEW - O.N RT PAST CHATFIELD

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 449 LOT AREA 47,562 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3000 IPT

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 5/9/05

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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

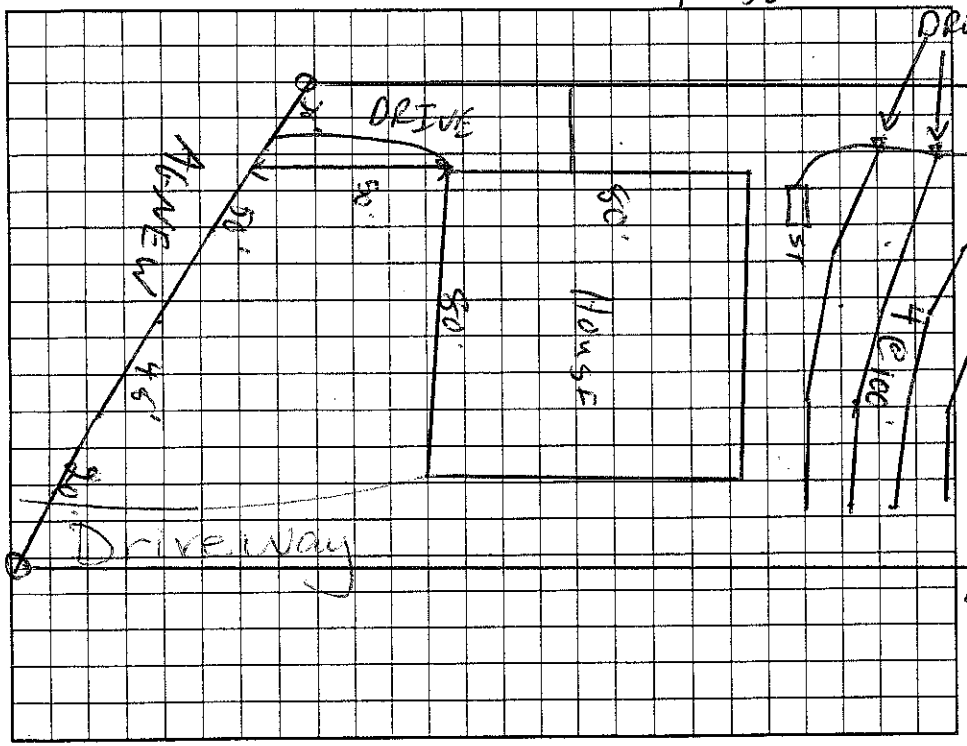
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

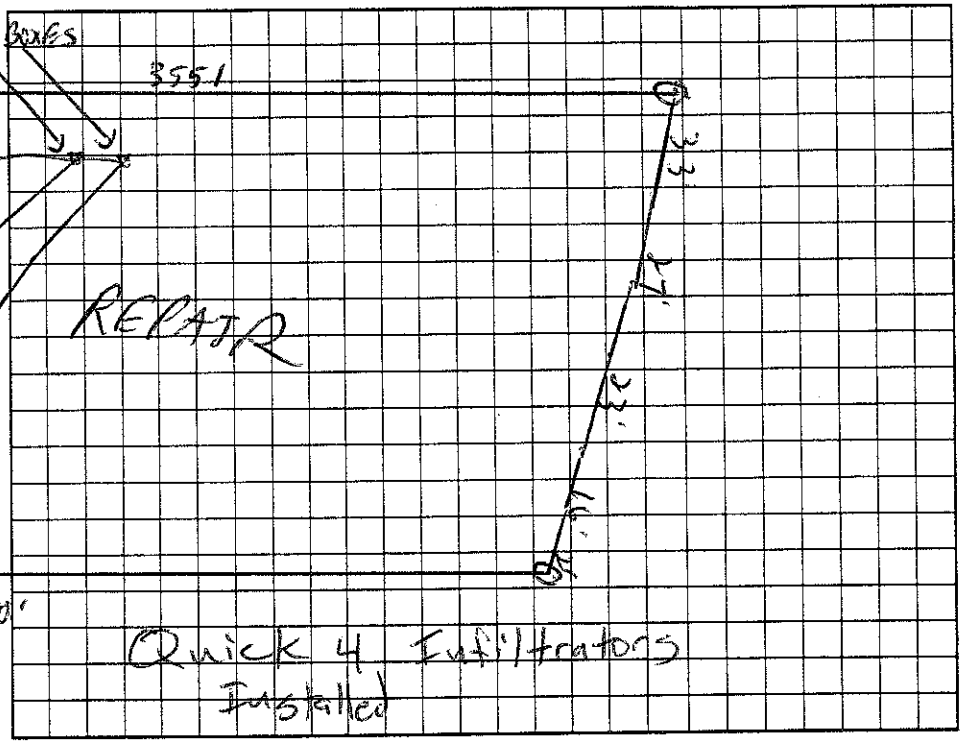
Comments/Conditions: Reviewed Building & Site Plans 2/21/05, essentially in Compliance with Original permit. MJ

Comments/Conditions: Note: Okay to put drive on other side.

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 7-12-04 Installed by: Larry Beam

Improvement Permit by: _____ RS date 6/30/04 Operation Permit by: _____ RS date 6/14/05

Authorization to Construct by: _____ RS date 2/21/05 Existing System Inspection by: _____ date _____

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