IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 124712 PIN# 4625-50-5709 .389 4626462766

OWNER OR CONTRACTOR The Farms LLC DATE April 22, 05

ADDRESS 2214 Brawley Sch Rd., Mooresville N.C. 28117 PHONE: Business _____ Home _____

LOCATION Brawley Sch Rd. TR McKendree TL Kemp TL Agnew 3rd Lot on left

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 389 LOT AREA 1.66 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 initial / .25 x 3 Repair

Septic Tank: 1000 Gallons; STB 338 Date 1/22/07

Pump Tank: 1000 Gallons; PT 293 Date 1/20/07

Pump Make: Myers Model ME-56S-2 Serial No. 12466

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pm 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

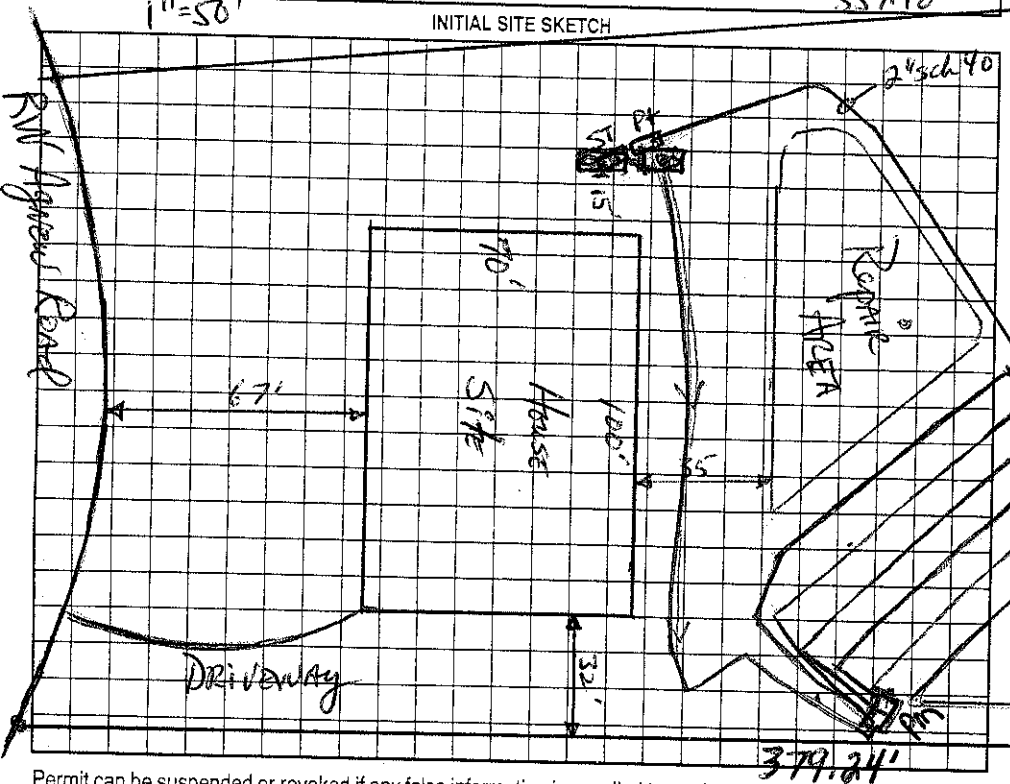
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

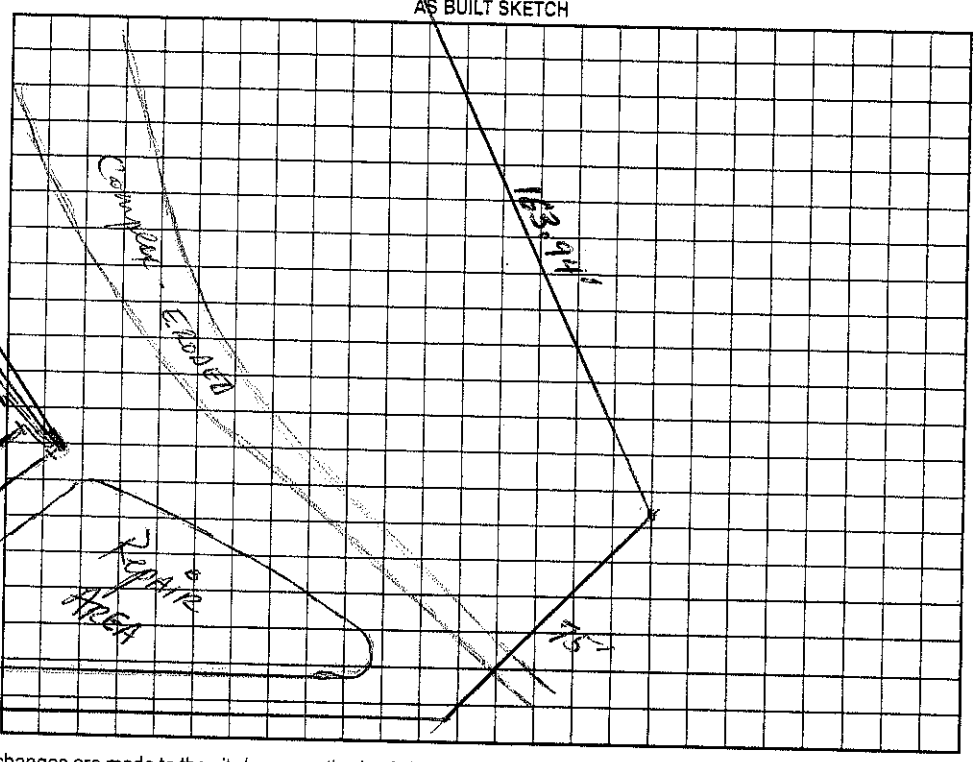
Comments:/Conditions:

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: Kathleen Carver date 5/6/05

Improvement Permit by: _____ date 4-22-05

Authorization to Construct by: _____ date 10/27/06

Installed by: _____

Operation Permit by: _____ date 6/8/07

Existing System Inspection by: _____ date _____

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