IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Fa. d MOORESVILLE 704-664-5281

1.30

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

PERMIT# 124750 PIN# ~~4625-50-5164.465~~ 4624472674 DATE May 3, 05

OWNER OR CONTRACTOR The Farms LLC PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TR McKendree TL Kemp TL Grove Creek Lane 1st lot on left

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 405 LOT AREA .964 Ac SITE CLASS. RS DESIGN FLOW 460 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ 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 No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

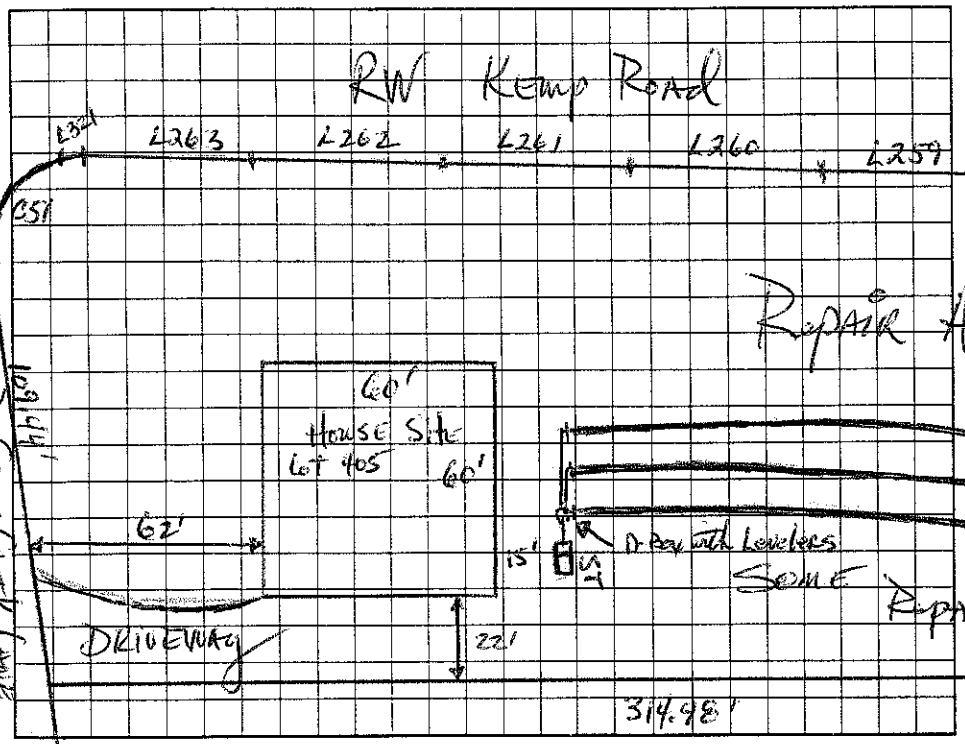
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

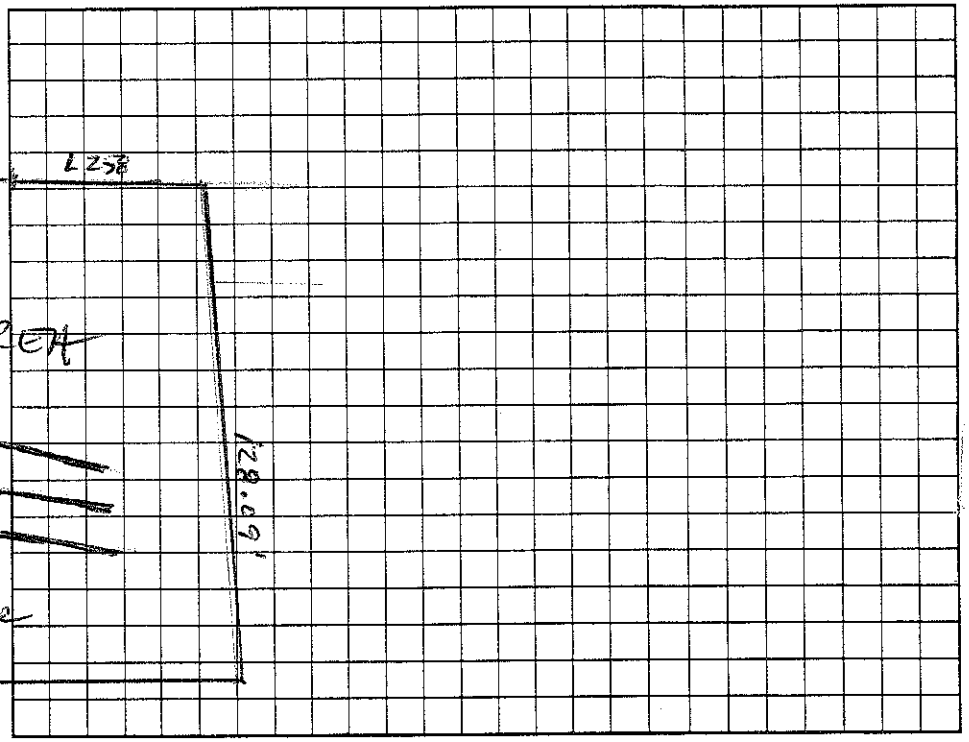
Comments:/Conditions:

Bldg Plans approved 3/1/07

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 Dwyer date 5/6/05 Installed by: Willie Christenbury

Improvement Permit by: _____ date 5-3-05 Operation Permit by: _____ date 7/26/07

Authorization to Construct by: _____ date 3/1/07 Existing System Inspection by: _____ date _____

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