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# 124744 PIN# ~~4625-57-5164.399~~ 4626475500 DATE April 29, 05

OWNER OR CONTRACTOR The Farms LLC / Harris Construction PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd, TR McKendree TL Kemp Rd TL Grove Creek Lane on left at jct w/ Birch River Place

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 399 LOT AREA .834 Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3 initial / .25-.3 Repair

Shoot

Septic Tank: ~~1000~~ 1500 Gallons; STB 390 Date 10-27-12

Pump Tank: 1000 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: Gm 25% Reduction

Repair System Description: LPPPBPS

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

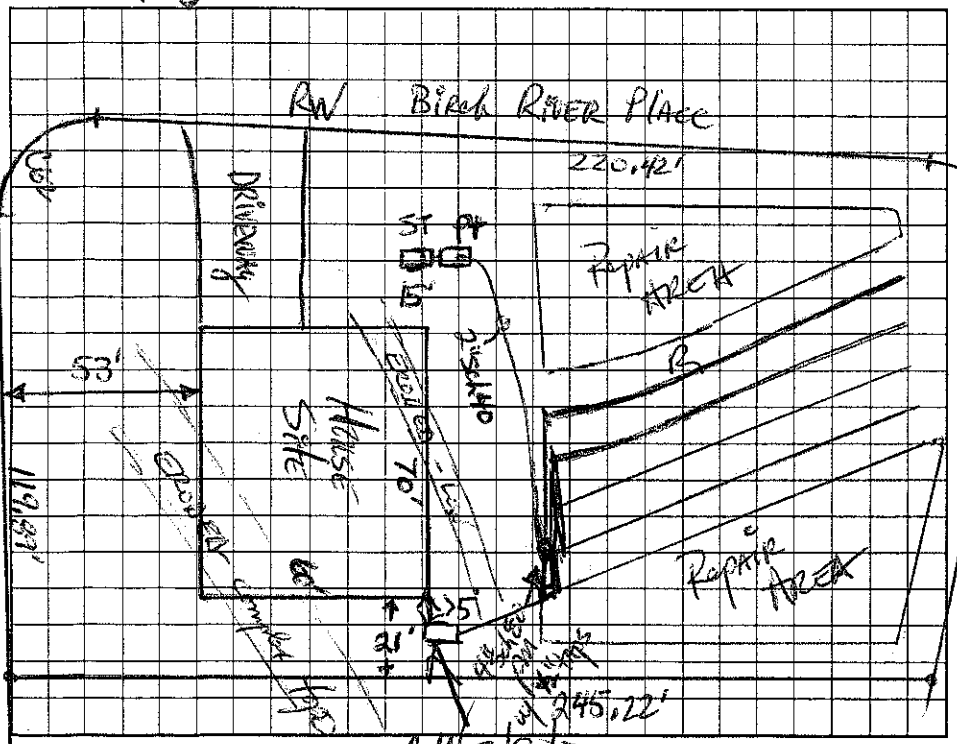
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Properly fill Low & Complex areas.

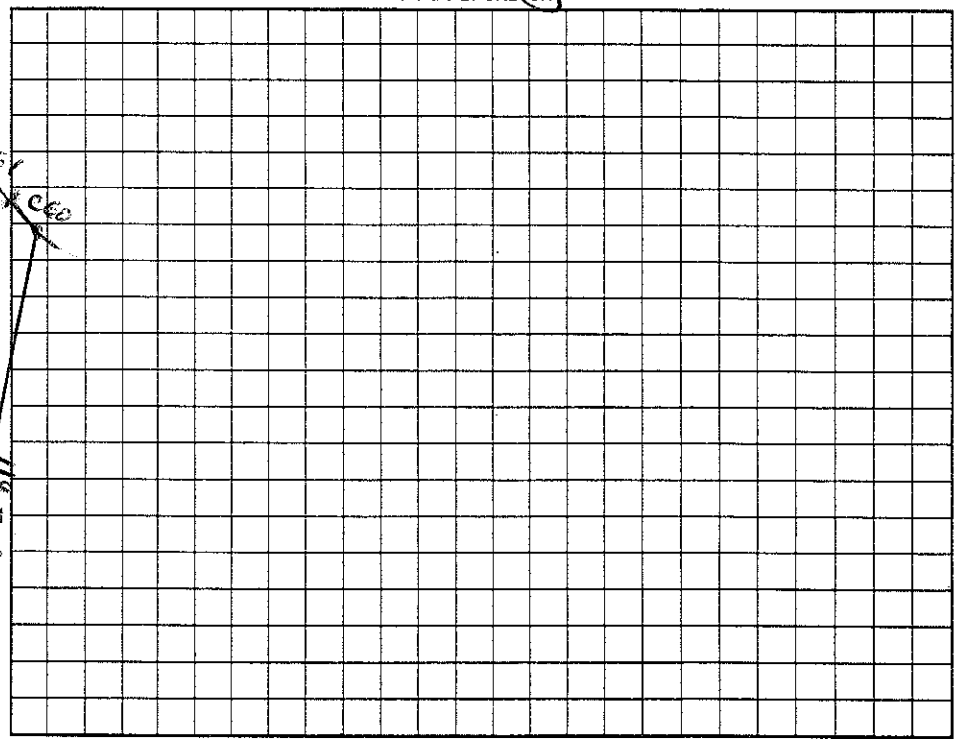
Comments/Conditions: Red filter
Arc 36 Plastic Chambers
Note: Drainfield 9ft from Deck footers
Installed as Gravity, serial distribution

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 Installed by: Gunter Geraldin

Improvement Permit by: _____ date 4-29-05 Operation Permit by: _____ date 7/9/13

Authorization to Construct by: _____ date 4-5-13 Existing System Inspection by: _____ date _____

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