IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124747 PIN# ~~4625-50-5104.402~~ 4626475985 DATE May 2, 05

OWNER OR CONTRACTOR The Farms LLC / CRAIG CARTER PHONE: Business _____ Home _____

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

LOCATION Brawley Sch RD TR McKendree TL Kemp TL Grove Creek Ln. TL Birch River Pl at end

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 402 LOT AREA 1.519 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: ~~1000~~ 1502 Gallons; STB 11-20-06 Date 4-4-4

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534'±

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

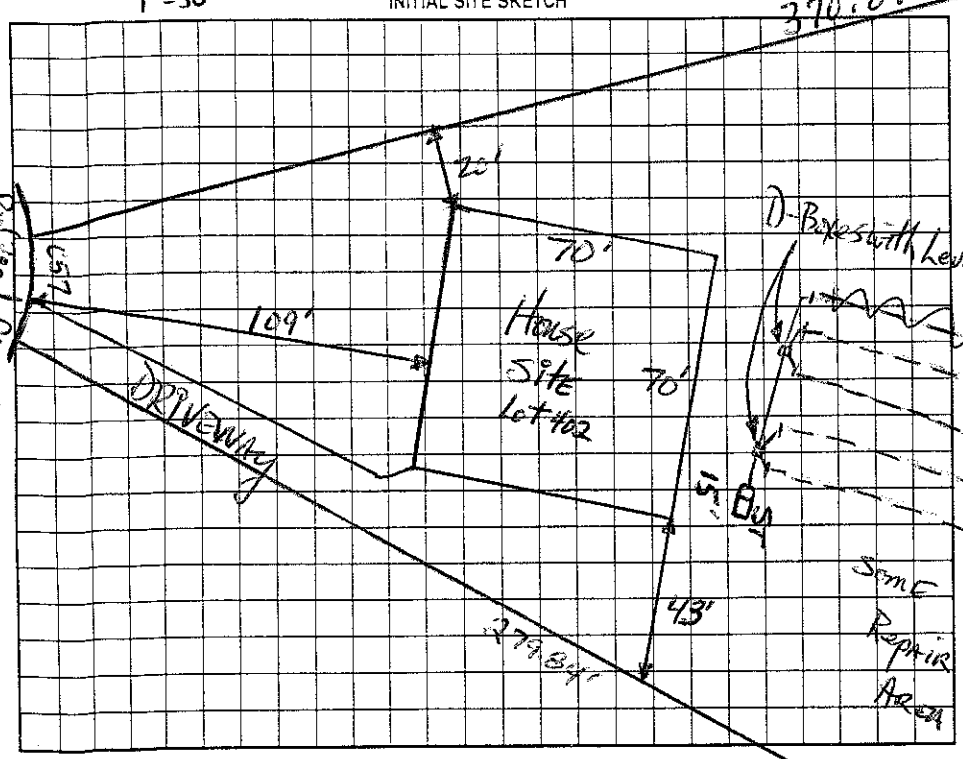
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

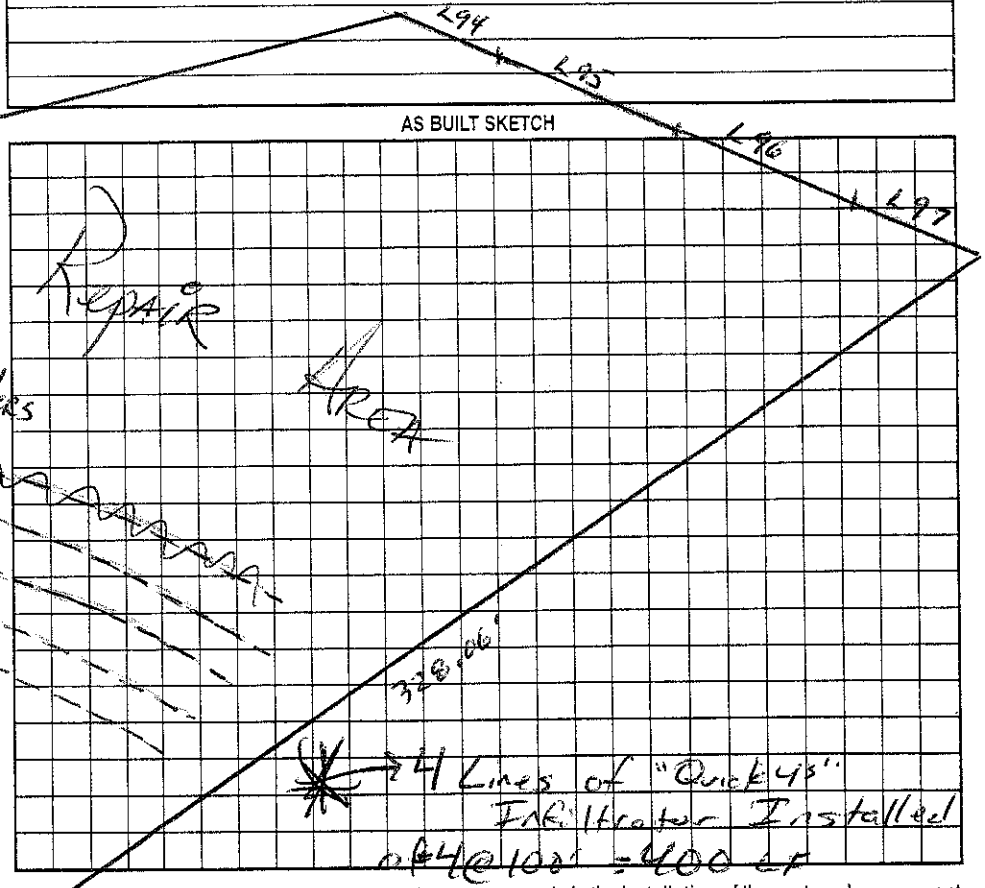
Comments:/Conditions:

Comments:/Conditions:

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 Raver date 5/6/05

Improvement Permit by: DRichardson date 5-2-05

Authorization to Construct by: Wesley Sparks RS date 8/18/06

Installed by: Richard Abernathy

Operation Permit by: Jph & AJR date 2/25/07

Existing System Inspection by: _____ date _____

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