# IREDELL COUNTY HEALTH DEPARTM

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

## IMPROVEMENT PERMIT / AUTHORIZATI TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 12740 PIN# ~~4675-50-5767.395~~ 4926471075 DATE April 28, 05

OWNER OR CONTRACTOR The FARMS LLC / STROM CONST. PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TR McKendree TL Kemp TL Grove Creek Lane At end on left

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 345 LOT AREA 1.272 Ac SITE CLASS. FS DESIGN FLOW 460 gpd L.T.A.R. .025

Septic Tank: ~~1500~~ 1500 Gallons; STB 336 Date ~~8-8-2.120~~

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1920 Linear Feet 640

No Lines 3+3 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 Gravity pumped 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

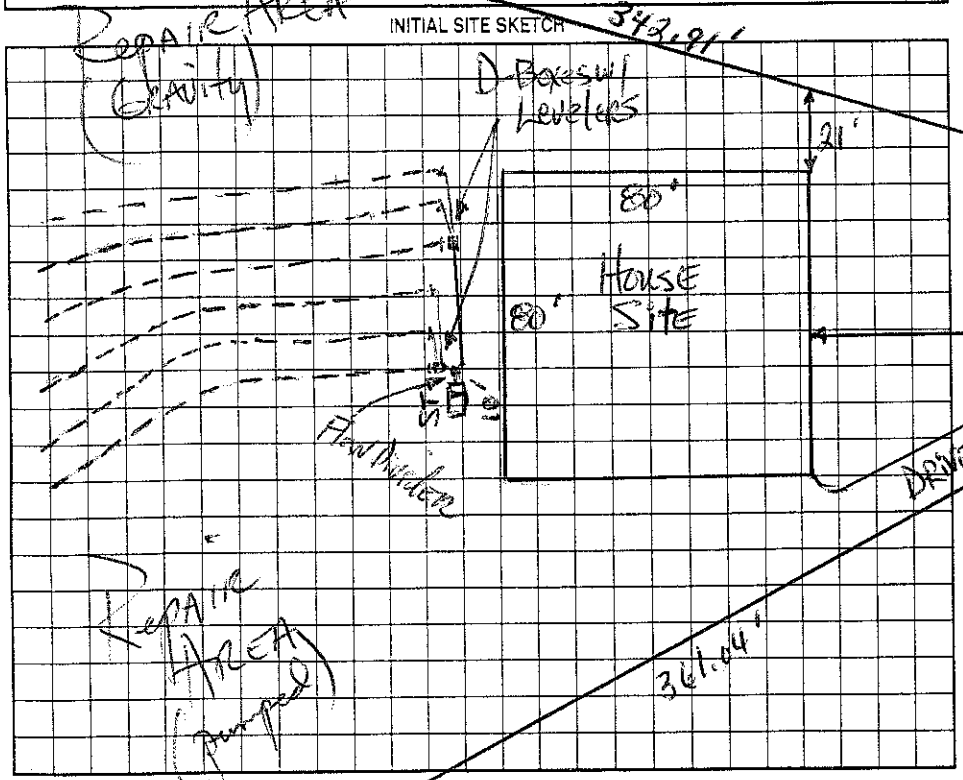
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

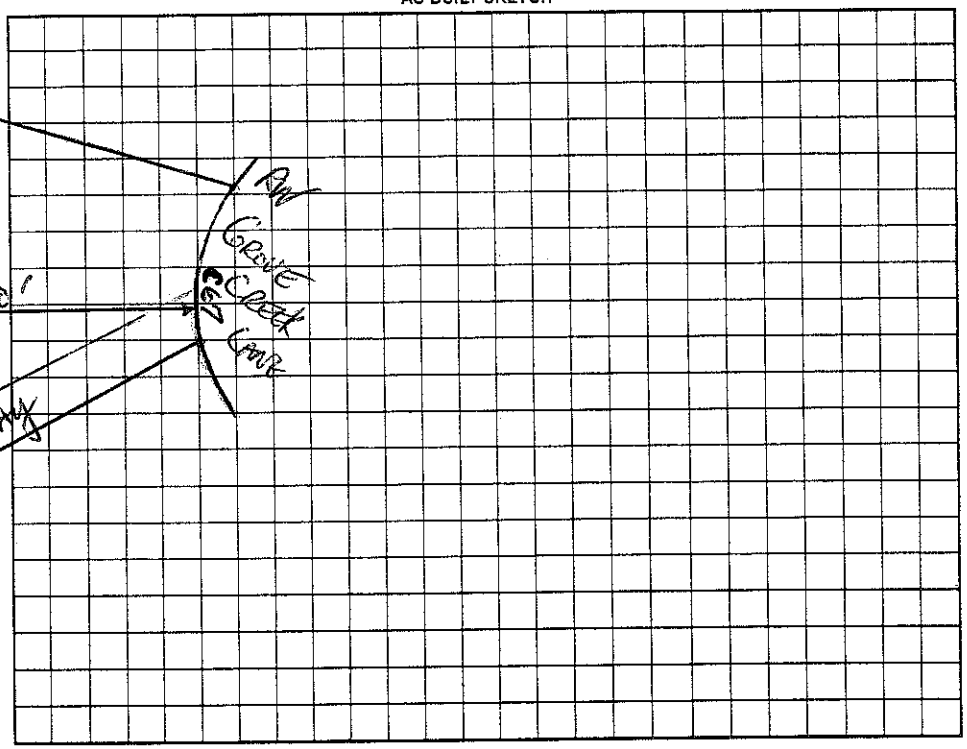
Comments/Conditions: 1"=50'

Comments/Conditions: 10/1/07 Landscaper cut lower line - replaced 3 innoculators;

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 Harvey date 5/6/05 Installed by: Stanley Septic

Improvement Permit by: _____ date 4-28-05 Operation Permit by: _____ date 5-7-07

Authorization to Construct by: _____ date 2/27/07 Existing System Inspection by: _____ date _____

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