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# 124746 PIN# ~~4625-50-5104.401~~ 4626477718.000 DATE May 2, 05

OWNER OR CONTRACTOR The Farms LLC / Jasper Bldrs PHONE: Business _____ Home _____

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

LOCATION Brawley Sch Rd TR McKendree TL Kemp TL Grove Creek Lane TL Birch River Pl. at end

SUBDIVISION The FARMS BLOCK / SECTION _____ LOT 401 LOT AREA 1.013Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .e3

Septic Tank: 1000 Gallons: STB 444 Date 4/30/04

Pump Tank: 1000 Gallons: PT 27 Date 5/20/04

Pump Make: ~~Watts~~ Gault Model WED312M Serial No. _____

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

No Lines 3@134'± Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

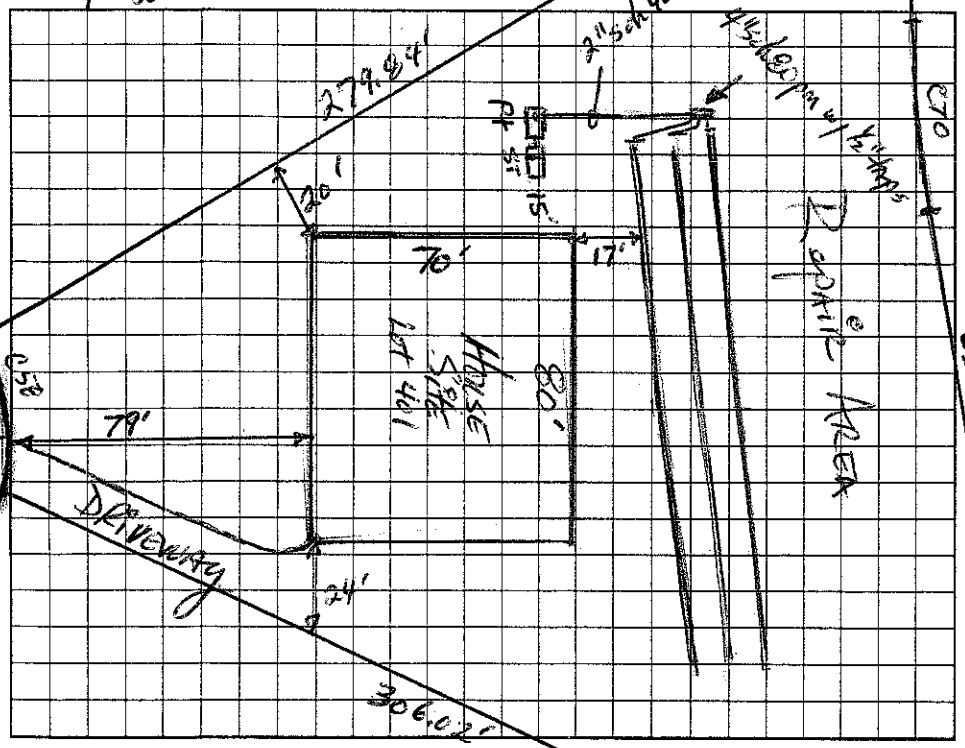
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Quick 4 Installed

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 Graver date 5/6/05 Installed by: Abernathy

Improvement Permit by: _____ date 5-2-05 Operation Permit by: _____ date 5/11/06

Authorization to Construct by: _____ date 2/16/06 Existing System Inspection by: _____ date _____

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