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# 12474a PIN# 4625-50-5164.397 4626478454 DATE April 29, 05

OWNER OR CONTRACTOR The Farms LLC / JESTA HOMES PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd. Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree Rd TL Grove Creek Lane attend on left

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 397 LOT AREA 1.267Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 12/29/06

Pump Tank: 1000 Gallons; PT 27 Date 12/29/06

Pump Make: Gauds Model WE0-3124M Serial No. 12/22/06

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 @ 120' 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: PM/LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

Water Supply: ☐ Individual ☒ Public ☒ Community

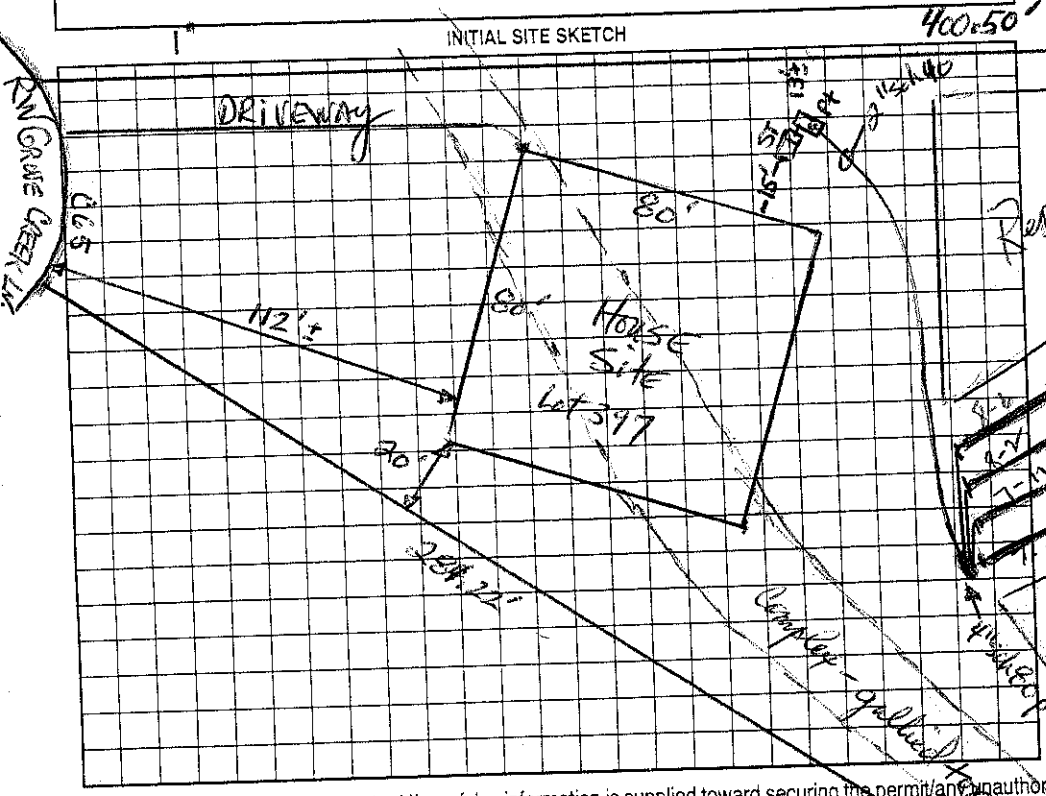
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

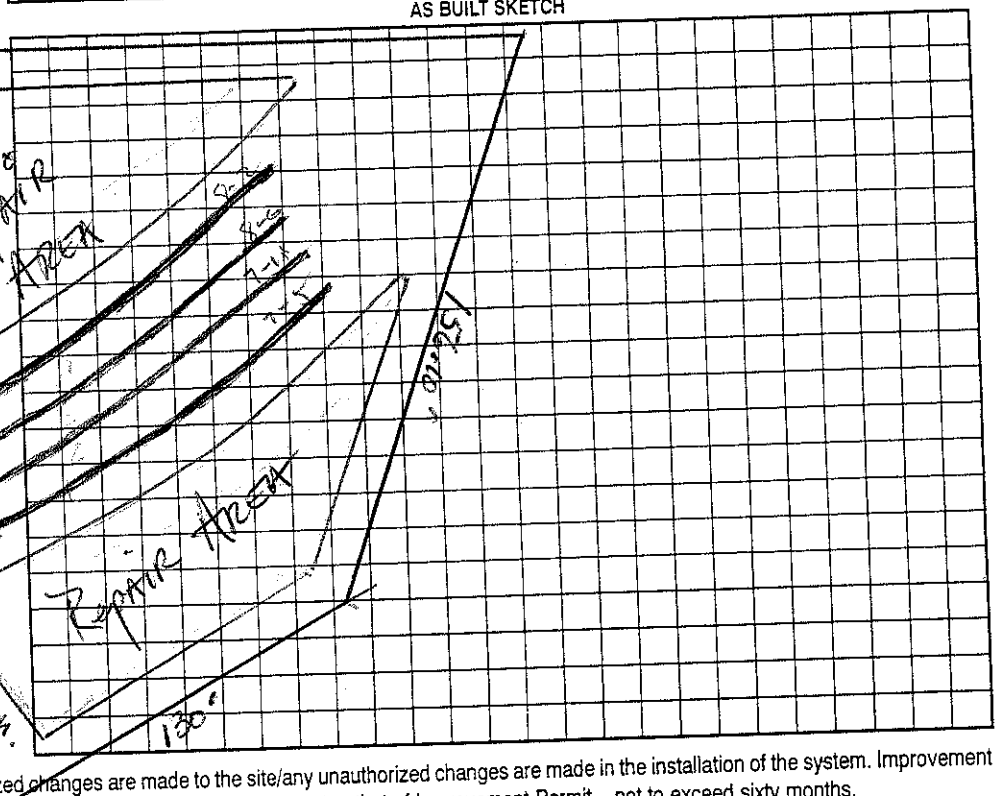
1"=50'

Comments:/Conditions:

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 Raven date 5/10/05 Installed by: Orbin + Sons

Improvement Permit by: _____ RS date 4-29-05 Operation Permit by: Wesley Sparks RS date 3/23/07

Authorization to Construct by: Wesley Sparks RS. date 6/2/06 Existing System Inspection by: _____ date _____

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