IREDELL COUNTY HEALTH DEPARTMENT

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

130

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

PERMIT# 119616 PIN# ~~4625 50 5104.446~~ 4626 480533 DATE 1/21/05

OWNER OR CONTRACTOR THE FARMS LLC / Courtland Bldrs. PHONE: Business _____ Home _____

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCMENAMIE - FORKLAND - TL BAYBERRY - TL EWART - ON LT

SUBDIVISION FARMS BLOCK / SECTION 3 LOT 416 LOT AREA 1 AC SITE CLASS 03 DESIGN FLOW 480GPD L.T.A.R. .25 CR/LPD

Septic Tank: 1500 Gallons; STB 4444 Date 2/22/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120 Trench Width 36" Max Trench Bottom Depth ~~30~~ 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

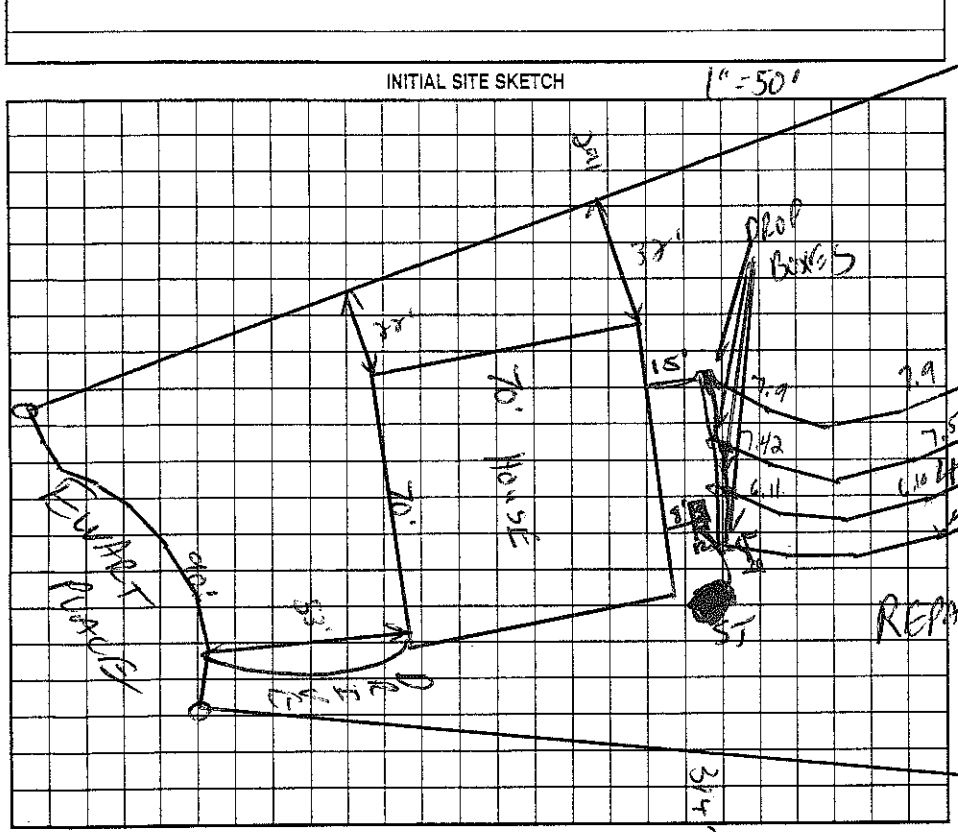
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

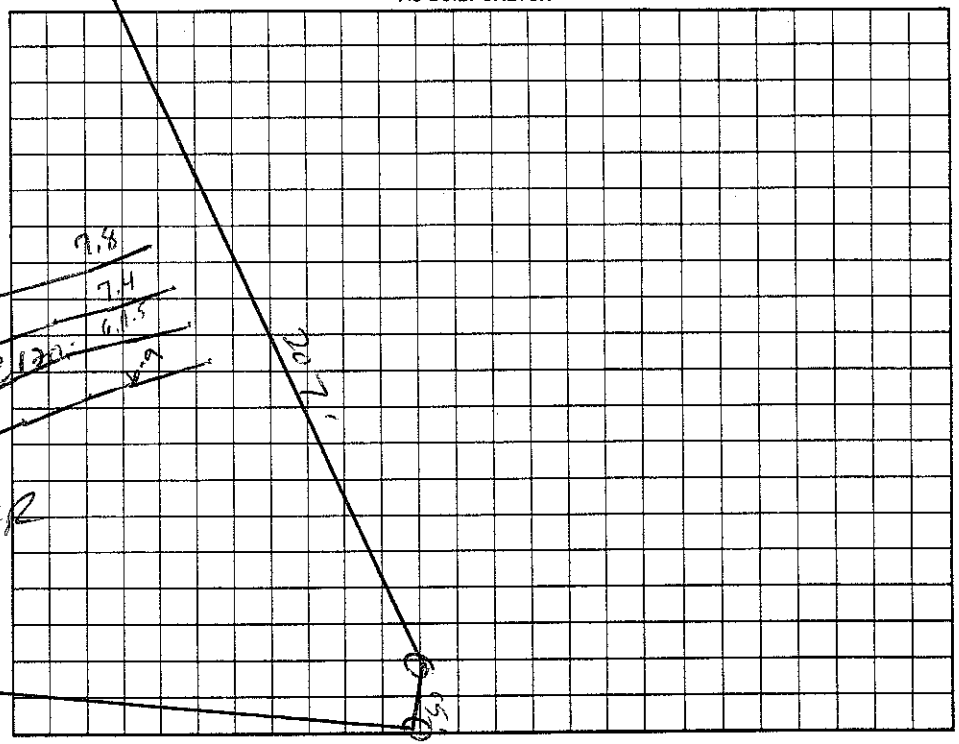
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: _____ date 2-24-05 Installed by: Stanley Septic Service

Improvement Permit by: _____ date 1/21/05 Operation Permit by: _____ date 4/6/06

Authorization to Construct by: _____ date 9/14/05 Existing System Inspection by: _____ date _____

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