IREDELL COUNTY HEALTH DEPARTMENT

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

375

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

PERMIT# 119526 PIN# ~~4625505504.410~~ 4626-48-2275 DATE 1/4/05

OWNER OR CONTRACTOR THE FARMS LLC / DIBBLE CUSTOM PHONE: Business Home

ADDRESS 2314 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - ~~TOM LOCKHART~~ - TL BATEMAN - TL EWART DW RT AT END

SUBDIVISION THE FARMS BLOCK / SECTION 3 LOT 912 LOT AREA .78AC. SITE CLASS. FS DESIGN FLOW 450GPD L.T.A.R. .36AC/AC

Septic Tank: 1000 Gallons; STB 444 Date 5/20/06

Pump Tank: 1000 Gallons; PT 27 Date 6/18/06

Pump Make: GOULDS Model WE0512 HMU Serial No. E06B0048

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

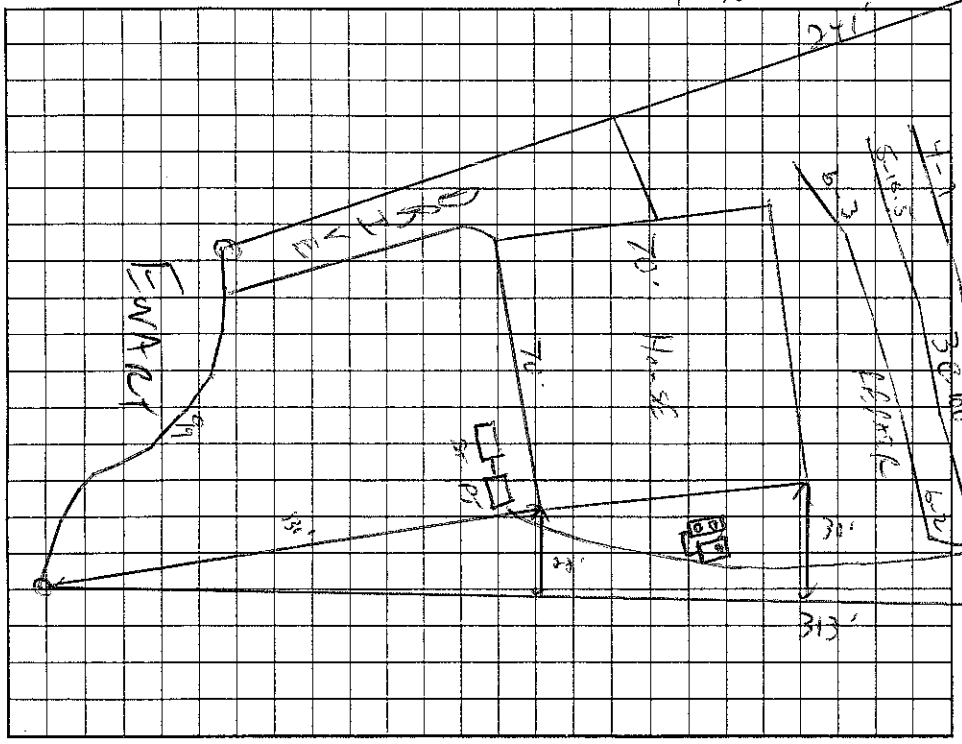
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

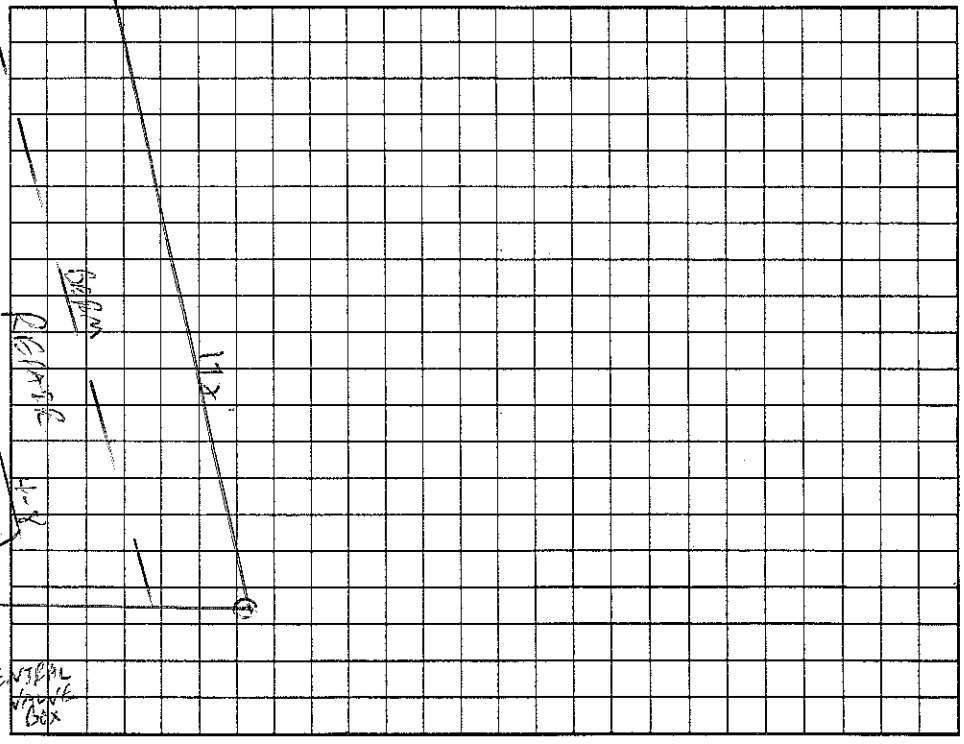
Comments/Conditions: DO NOT CUT HOUSE PAD

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: [signature] date 2-24-05 Installed by: Dobson & Sons

Improvement Permit by: [signature] R.S. date 1/4/05 Operation Permit by: [signature] date 10/10/06

Authorization to Construct by: [signature] R.S. date 11/16/05 Existing System Inspection by: date

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