IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 375

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

PERMIT# 119538 PIN# ~~4625 50 5104, 413~~ 4626-48-3344 DATE 1/4/05

OWNER OR CONTRACTOR THE FARMS LLC PHONE: Business ____ Home ____

ADDRESS 2214 BRAWLEY SCHOOL RD. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR McKENDREE - ~~[illegible]~~ - TL BAYBERRY - TL EWART AT END

SUBDIVISION FARMS BLOCK / SECTION 3 LOT 413 LOT AREA .84 AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 GPD/FT2

Septic Tank: 1000 Gallons; STB 444 Date 7-30-06

Pump Tank: 1000 Gallons; PT 283 Date 9-19-06

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 4@70' 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 4

☐ Business No. Employees ____

☐ Other ____

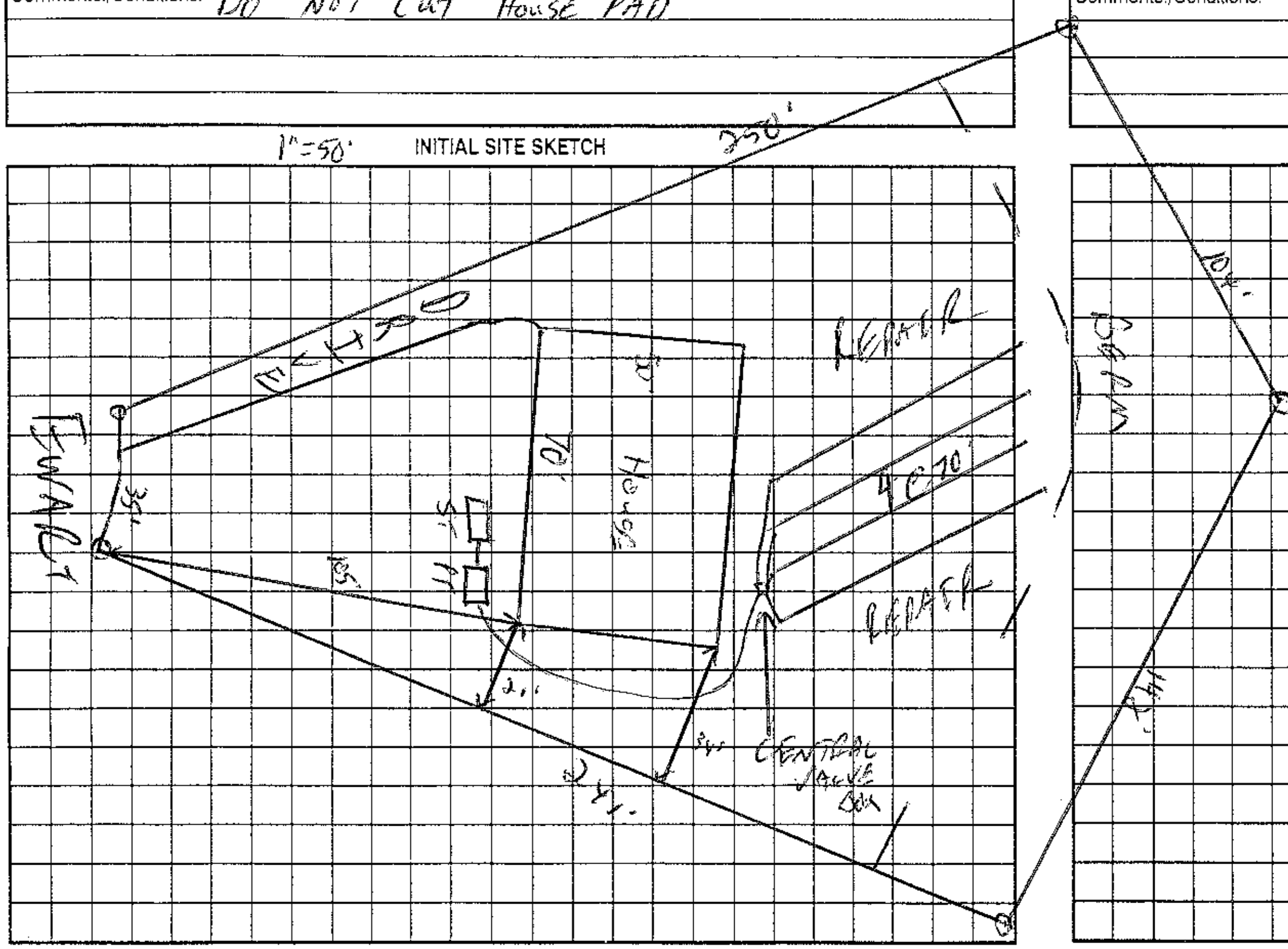
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: DO NOT CUT HOUSE PAD

Comments:/Conditions:

1"=50' 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: [signature] date 2-24-05 Installed by: RICHARD ABERNATHY

Improvement Permit by: [signature] RS date 1/4/05 Operation Permit by: [signature] date 3/12/07

Authorization to Construct by: Wesley Sparks RS. date 7/6/06 Existing System Inspection by: ____ date ____

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