IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 2/14/01

PERMIT# 093637 PIN# 3794 61 1170 PHONE: Business (704) 532-6625 Home —

OWNER OR CONTRACTOR Silverwake Properties

ADDRESS 5551 Monroe Rd Charlotte, NC 28212

LOCATION I-485 ⓐ old Mon Rd ⓑ Island Ford Rd, ⓒ Goble, ⓓ Maristone, ⓔ on Arbergate lots on left

SUBDIVISION Featherstone BLOCK / SECTION 3 LOT 40 LOT AREA 1.22 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 1012 Date 12-1-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity, Conv.

Repair System Description: Pump, Conv.

Maintenance Agreement Required. ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

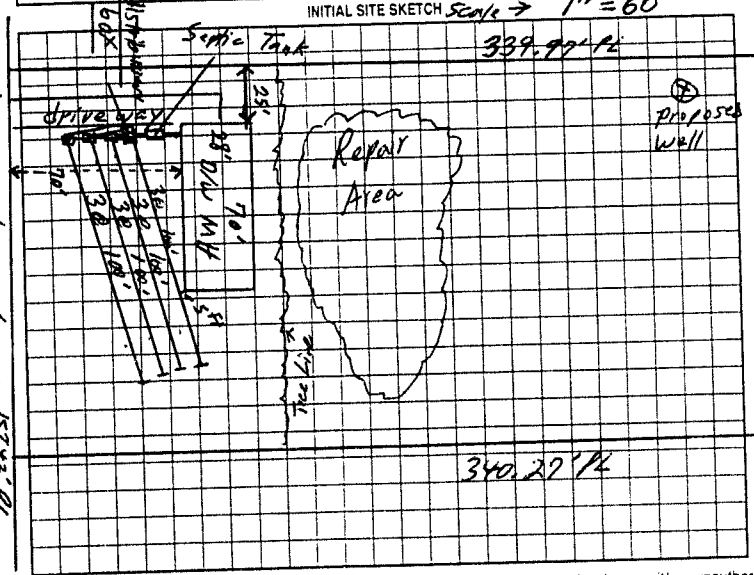
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

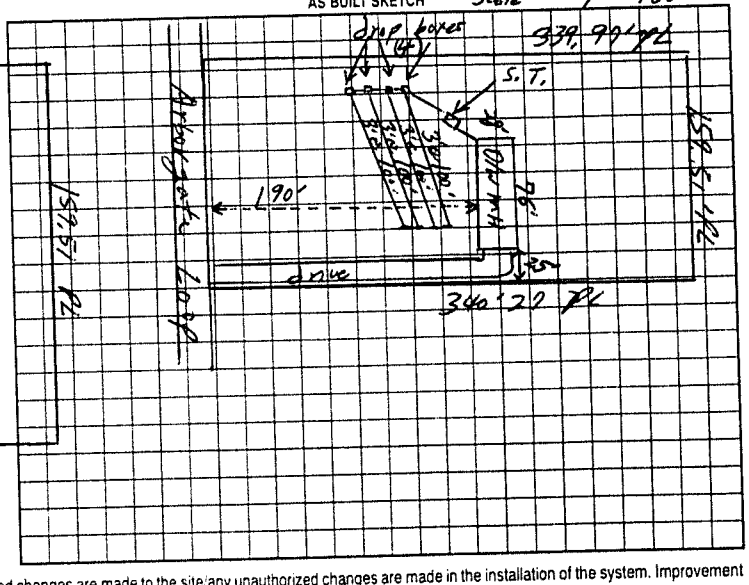
Comments/Conditions: ① Do not install when wet ② Keep 10 ft from property lines ③ Keep 100 ft from well (Initial + Repair) ④ Use distribution box

Comments/Conditions: - prior Health Dept. approval to use drop boxes + move drive way.
- poly lok Filter installed
- Septic Tank marker installed

INITIAL SITE SKETCH Scale → 1" = 60'



AS BUILT SKETCH Scale 1" = 100'



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: Shane Beluch date 2/23/01

Improvement Permit by: William O. Johnson date 2/15/01

Authorization to Construct by: William O. Johnson date 2/15/01

Installed by: A-1 Back hoe

Operation Permit by: William O. Johnson date 4/9/02

Existing System Inspection by: _____ date _____

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

Arbergate Loop 15342' PL