IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154456 PIN # 4624331132 DATE 11-23-2009

OWNER or APPLICANT Don Fraser/Arcadia PHONE: Business 201-7181 Home: 704 634-5070

OWNER or APPLICANT ADDRESS 6908 Needham Dr. Charlotte, NC 28270

LOCATION / DIRECTIONS Brawley School Rd TL Ripplewater on left #133

SUBDIVISION Meek Needs BLOCK / SECTION 6 LOT # 461 LOT AREA .7 acre DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB ~~[illegible]~~ 3512 Date ~~[illegible]~~ 6-23-10

Pump Tank 1000 Gallons: PT DP-1000 Date 8-8-10

Pump Make _____ Model WE05512 Serial # 13HP

Nitrification Field No Fields 1 No Lines 6 Linear Feet 267'

Trench Width 24" min. Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

System Description: Pump-UP-Panel Black

Repair System Description: Same

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Site evaluation done by SAME Follow house foot print & setbacks as shown in plan.

Comments / Conditions: Use In-line Filter (Partial) in Pump tank Well abandonment forms are attached. Valve box at top of drainfield.

INITIAL SITE SKETCH

Follow approved plan by SAME dated October 5, 2009

AS BUILT SKETCH

Tanks & lines Checked by BA 9/16/11

52' to edge of tank hole installed

To well

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 11/30/09 Installed by: R&H REHS

Improvement Permit by: [signature] Date 11/30/09 Operation Permit by: [signature] Date: 3/29/11

Authorization to Construct by: [signature] Date 11/30/09 Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 154456 PIN # 4624331132 DATE 4/22/09

OWNER or APPLICANT Don Fraser PHONE: Business 704.634.5070 Home:

OWNER or APPLICANT ADDRESS 6908 Needham Dr. Charlotte, NC 28270

LOCATION / DIRECTIONS Brawley School Rd. TL Ripplewater, on lft

SUBDIVISION Meek Week BLOCK / SECTION C LOT # 461 LOT AREA 0.7 acres DESIGN FLOW 480 gal/day L.T.A.R. 0.3

Septic Tank 1000 Gallons: STB Date

Pump Tank 1000 Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 267

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

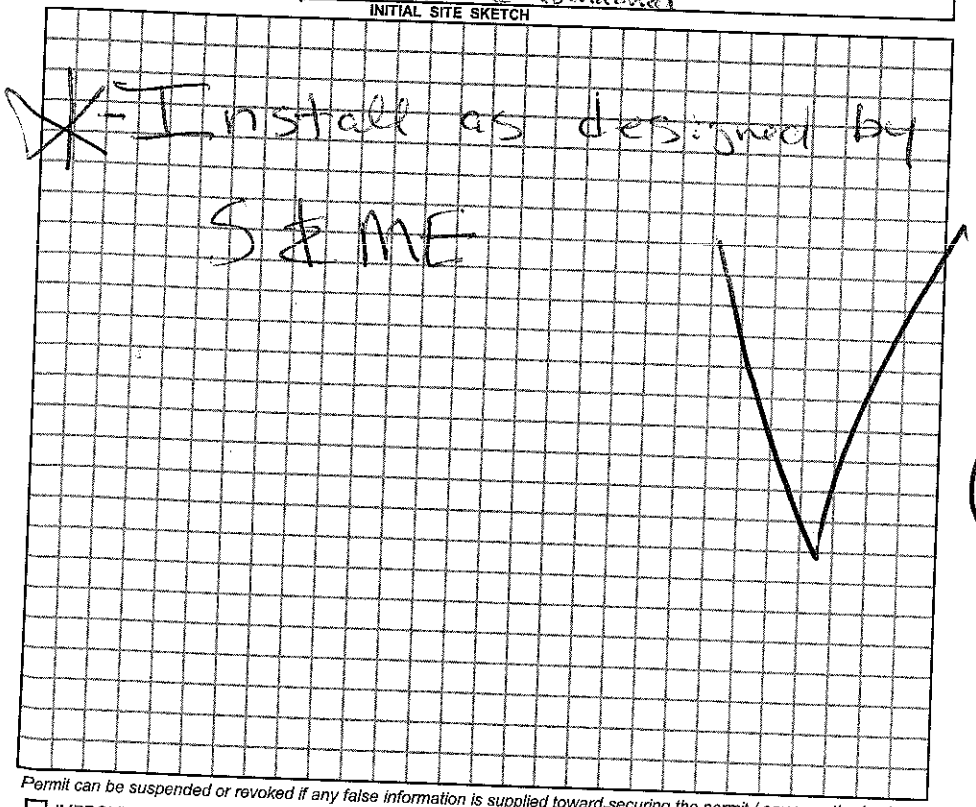
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions * IP only; wells must be properly abandoned before AC can be issued / House plan must also be reviewed before AC issued

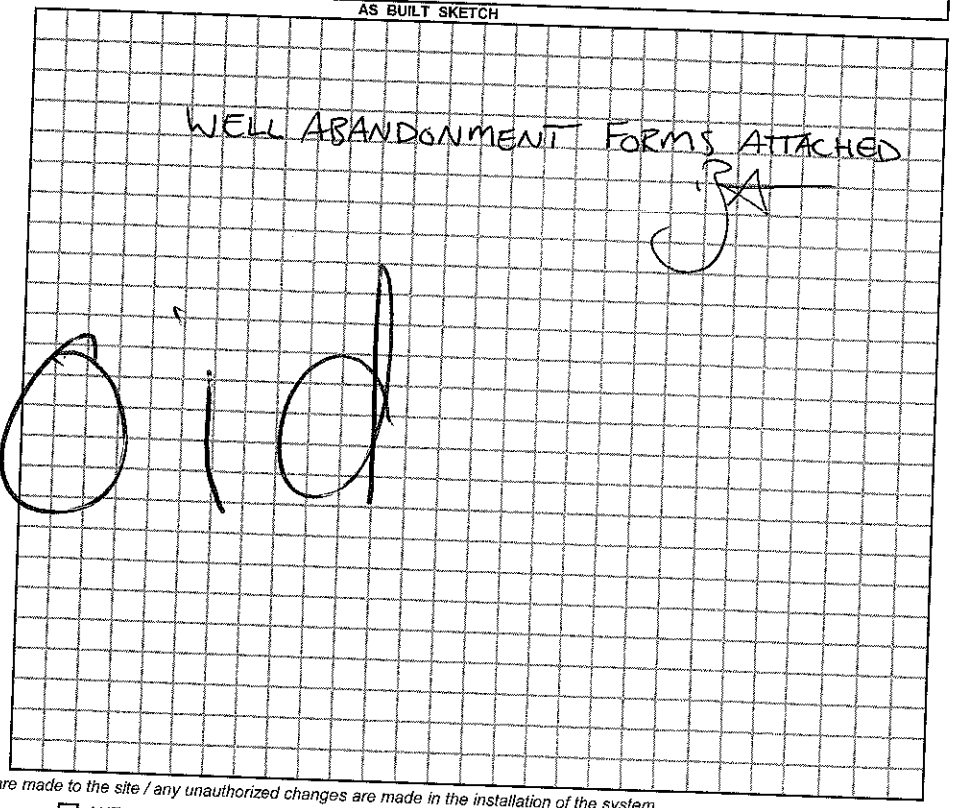
* Existing bed system to be abandoned

Comments / Conditions * maintain all setbacks & install on Contour

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Donald Fraser Date 4/24/09

Improvement Permit by: Date 4/22/09

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant