IREDELL COUNTY HEALTH DEPARTMENT

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

50.00 Ac.+/-

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

PERMIT# 108622 PIN# 4624-27-5905.1134 4624-58-6382 DATE 1/13/05

OWNER OR CONTRACTOR Arcadia Homes PHONE: Business 704-201-7181 Home

ADDRESS 315 Main St. Suite E Pineville NC 28134

LOCATION BSR, Torrence Chapel, TL Shellburne TL Cape Cod, on Rt.

SUBDIVISION Point BLOCK / SECTION 11 LOT 1134 LOT AREA 50,837 Ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.225

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field; No Fields 1 Square Feet 1600 Linear Feet 533'

No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☐ Public ☒ Community

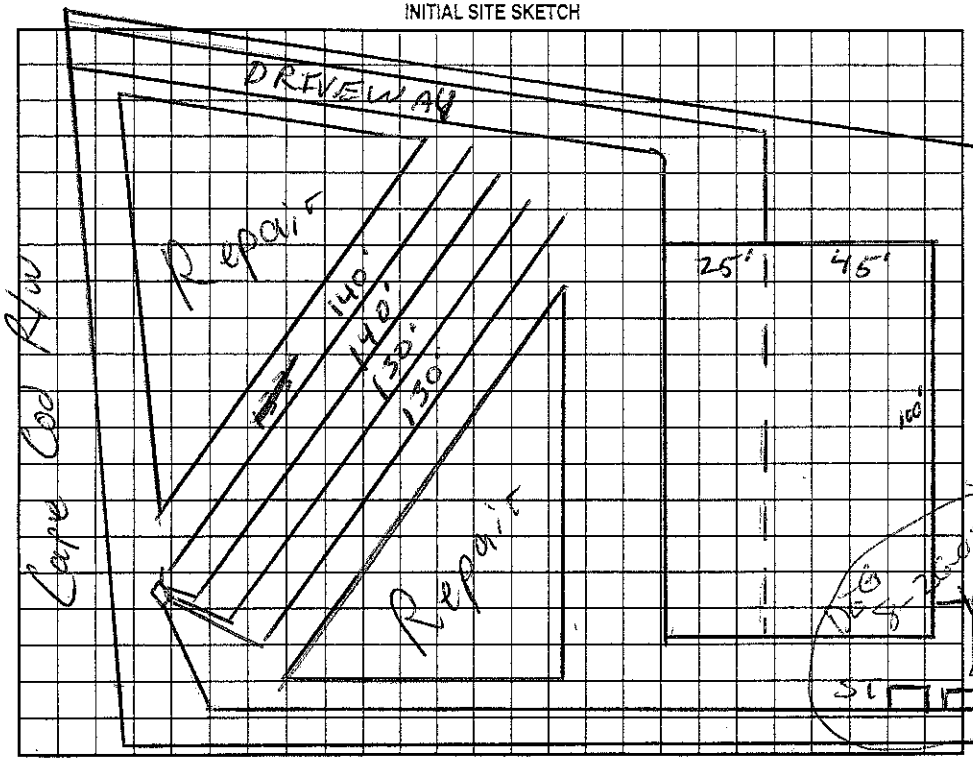
Comments:/Conditions: Lines Checked 8/23/05 GM

1"=50'

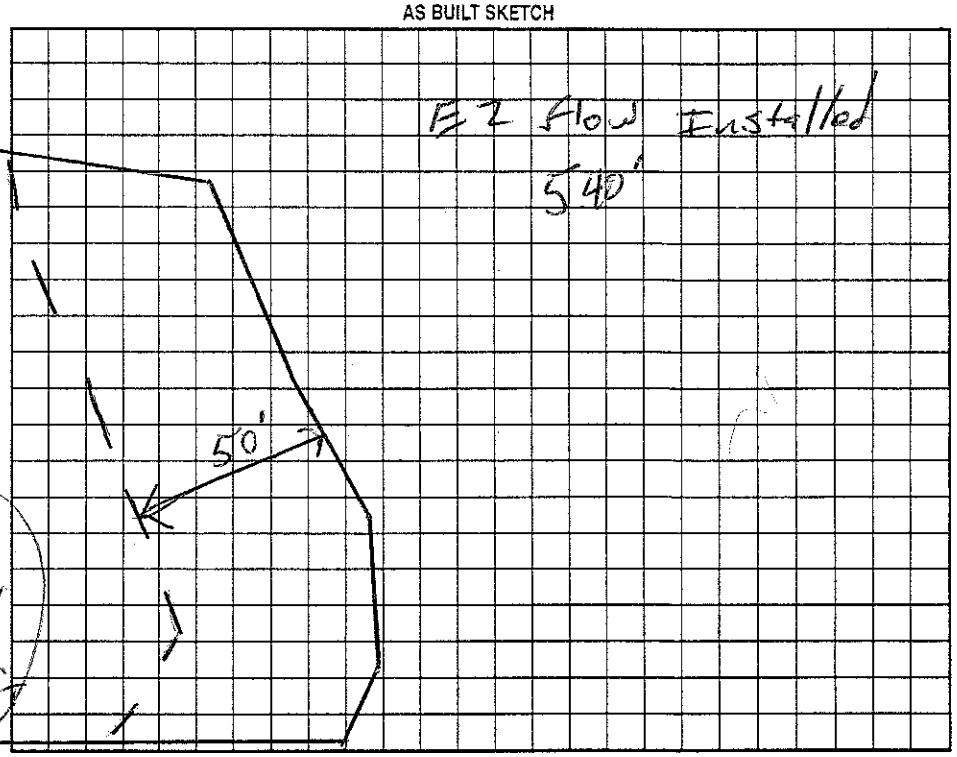
Comments:/Conditions: Tanks Checked 8/25/05 (exactly 10' off side line)

Checked alarm, elect & pressure 3/16/06

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 1-31-05 Installed by: R+H

Improvement Permit by: [signature] RS date 1/13/05 Operation Permit by: [signature] RS date 3/16/06

Authorization to Construct by: [signature] RS date 3/22/05 Existing System Inspection by: date

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