IREDELL COUNTY HEALTH DEPARTMENT

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

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

2,100

PERMIT# 114558 PIN# 4625 71 7476 4624-69-4711 DATE 7-17-06

OWNER OR CONTRACTOR Arcadia Homes PHONE: Business 201-7181 Home 704 889-4663

ADDRESS P.O. Box 471941 Charlotte NC 28247

LOCATION Brawley School Rd TL New Haven Dr TR Lynnfield Ct 2nd end

SUBDIVISION Point BLOCK / SECTION 12 LOT 1202 LOT AREA 76,020 ft² SITE GLASS. PS DESIGN FLOW 720gpd L.T.A.R. .25gpd

Septic Tank: 1500 Gallons; STB 338 Date 2-1-07

Pump Tank: 1500 Gallons; PT 497 Date 2-22-07

Pump Make: _____ Model 1440 Serial No. _____

Nitrification Field: No Fields 1 Square Feet * Note Linear Feet 480'

No Lines 5@96' Trench Width * Note Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☒ Public ☒ Community

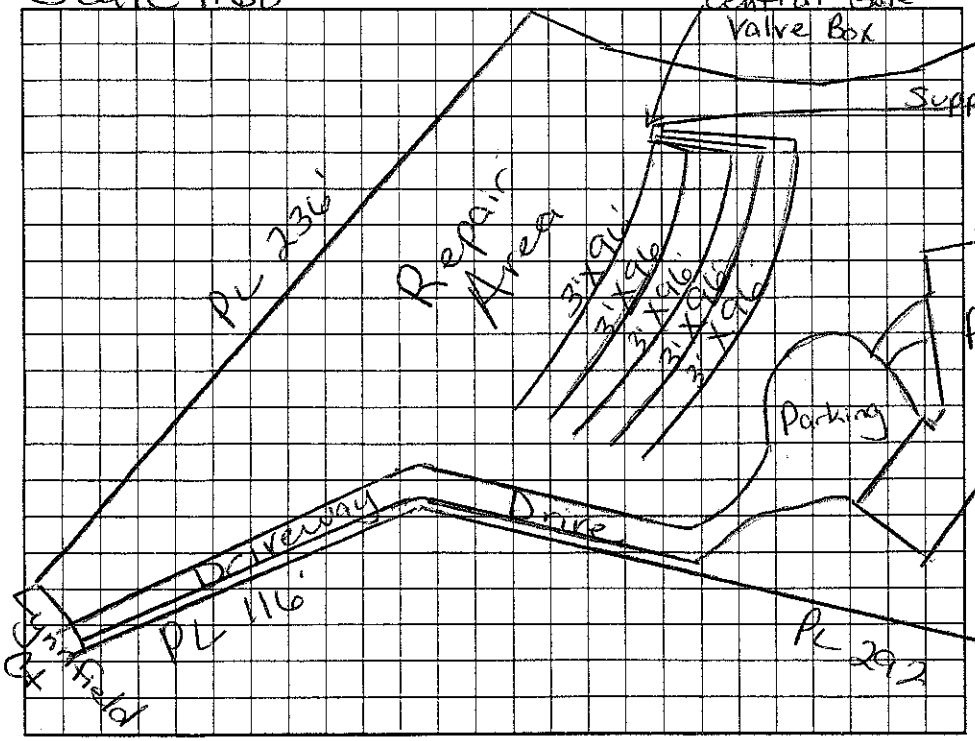
Comments:/Conditions: Do Not cut > 2ft within 15ft of Drainfield Area

Comments:/Conditions: * Note: Trench width has specified in Crescent Communities Handbook.

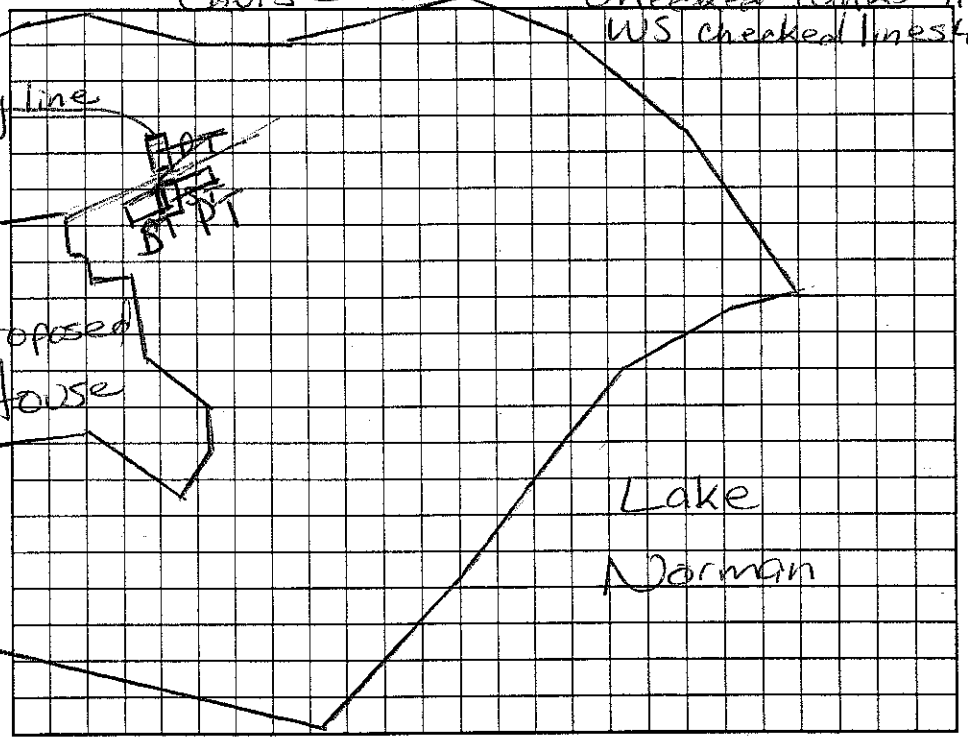
☆ Must keep any future pool at least 15ft from tanks

Scale 1:60

INITIAL SITE SKETCH



AS BUILT SKETCH Checked tanks 4/5/07 WS checked lines 4/16/07



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: Jessica D Thomas date 7/18/06 Installed by: _____

Improvement Permit by: Maria H Dotson RS date 7/17/06 Operation Permit by: Maria H Dotson RS date 11/19/07

Authorization to Construct by: Maria H Dotson RS date 7/17/06 Existing System Inspection by: _____ date _____

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