IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 153615 PIN # 4625399290 DATE 11-26-08

OWNER or APPLICANT Mark Marchese / Arcadia PHONE: Business Dan 201-7181 Home: 828 328-4345

OWNER or APPLICANT ADDRESS 4306 3rd St Ln NW Hickory, NC 28601

LOCATION / DIRECTIONS Brawley School Rd TR Bay Harbour

SUBDIVISION The Harbour BLOCK / SECTION J 3 LOT # 66 LOT AREA .73Acre DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank 1500 Gallons: STB 338 Date 9-1-09

Pump Tank 1500 Gallons: PT 477 Date 10-22-09

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 7 Linear Feet 350'

Trench Width min 24" Max. Trench Bottom Depth 30-36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Blk

Repair System Description: Offsite, -LP-Panel Blk

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: OKay to run Supply line under Driveway if buried 30" or greater or sleeved.

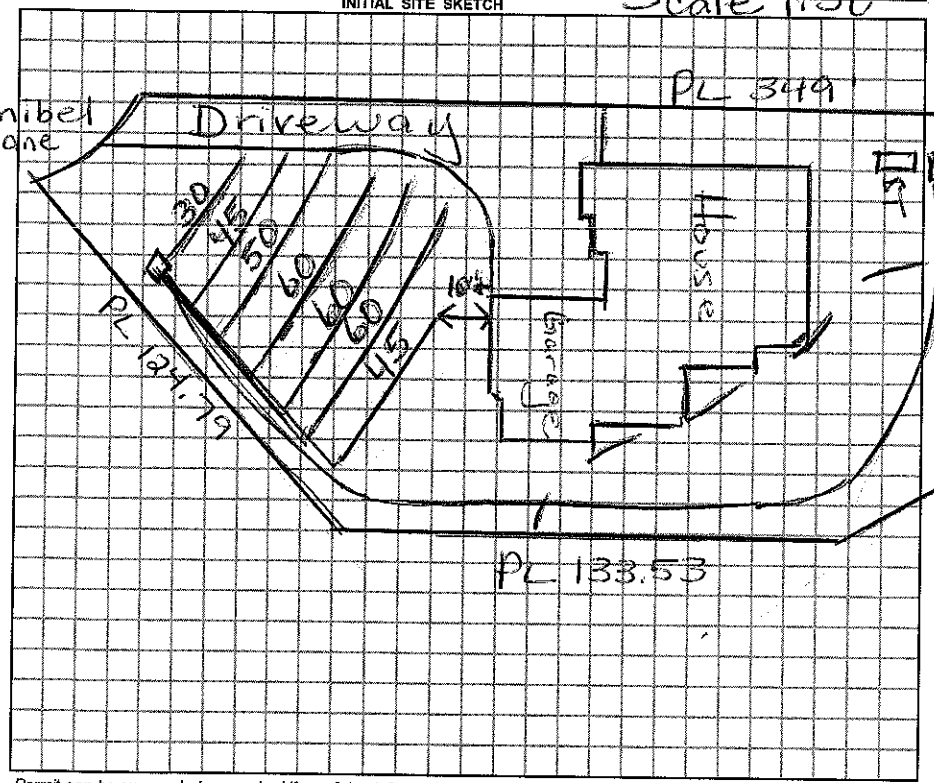
Comments / Conditions: Must use "In-line" filter in PT

12/30/09 Checked tanks

1/11/2010 Checked Panel lines, installed

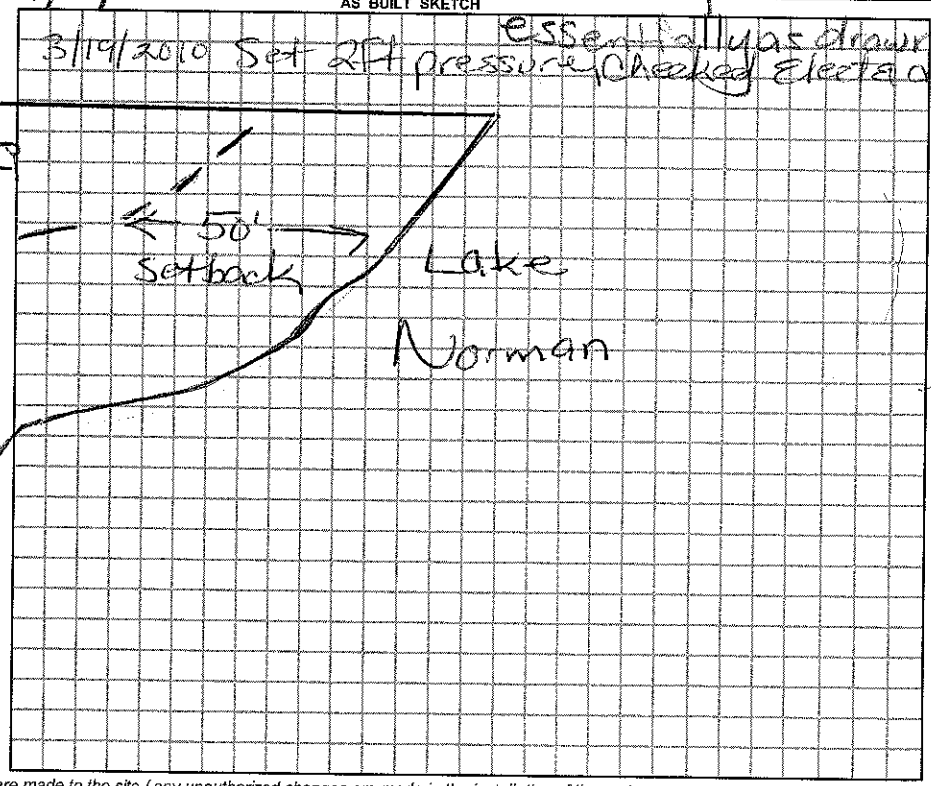
INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH

3/19/2010 Set 2FT pressure Checked Electrical as essentially as drawn



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 12/10/08

Improvement Permit by: [signature] RS Date 11/26/08

Authorization to Construct by: [signature] RS Date 11/26/08

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: [signature] RS

Operation Permit by: [signature] RS Date: 3/19/2010

Existing System Inspected by: ____ Date: ____

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