IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081258 PIN# ~~4625-94-1684~~ 4625-66-9183 DATE 6/23/03

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

ADDRESS 315 Main St. Suite E Pineville NC 28134

LOCATION BSR, TR Polpis, TL Jeremy Pt., TR Brick Kiln at End

SUBDIVISION Point BLOCK / SECTION 5 LOT 527 LOT AREA 48,571 Ft² SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons; STB 338 Date 11-16-04

Pump Tank: 1500 Gallons; PT 477 Date 11-3-04

Pump Make: Myers Model ME50S2 Serial No. 25325D009

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

No Lines 5 & 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms 6 No. Employees

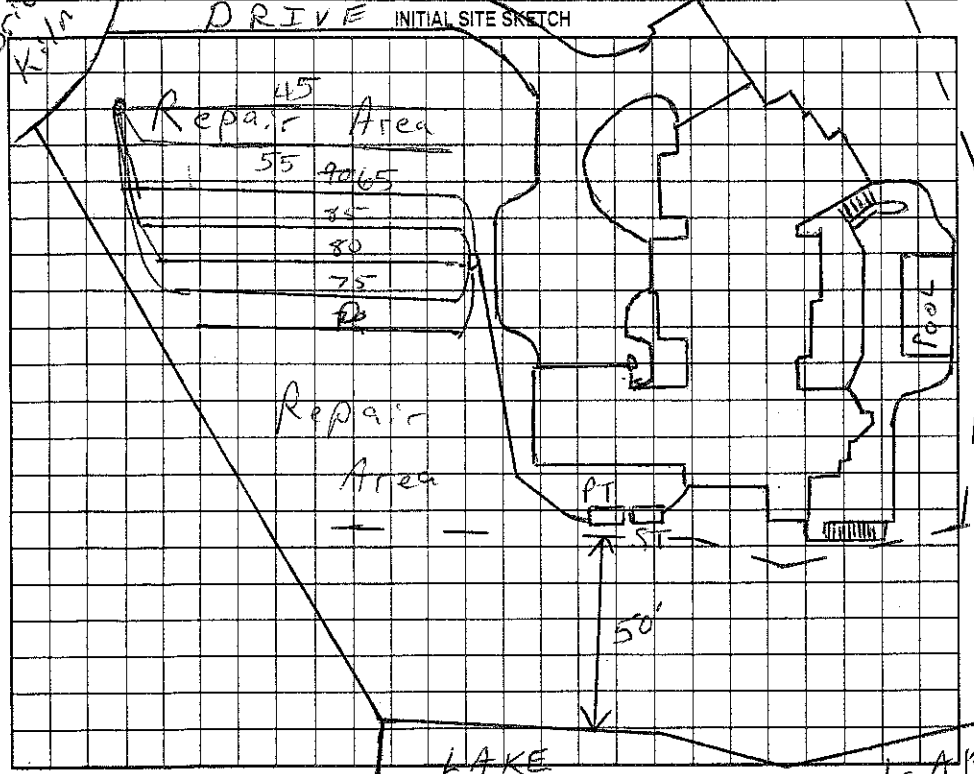
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH

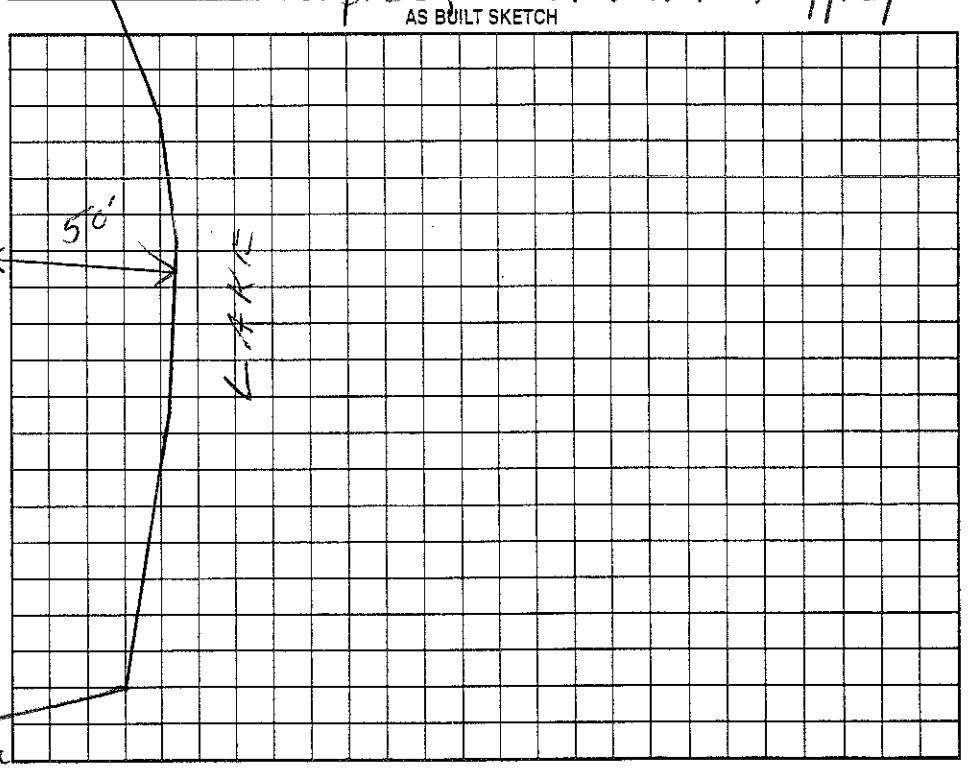


Comments:/Conditions: 9/24/04 Checked 3 lines & part of 4

12/22/04 Checked remainer of lines & tanks

Checked pres. elect & alarm 4/15/05

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 6/24/03

Improvement Permit by: [signature] RS date 6/25/03

Authorization to Construct by: [signature] RS date 6/25/03

Installed by: R & T

Operation Permit by: [signature] R.S. date 4/15/05

Existing System Inspection by: _____ date _____

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