Pd #50.00 on 7/23/05

REDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 195.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 081251 PIN# ~~4625941684~~ 4625-76-8279 DATE 8-20-04

OWNER OR CONTRACTOR Arcadia Homes / David Paquette PHONE: Business (704) 201-7181 Home (704) 662-6631

ADDRESS P.O. Box 471941 Charlotte, NC. 28247

LOCATION Brawley School Rd TR Polpis TL Jeremy Pt Place TR Brick Kiln TR Masthead Ct

SUBDIVISION The Point BLOCK / SECTION 5 LOT 520 LOT AREA .94ac+SFE SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25 to .3

Septic Tank: 1500 Gallons; STB 338 Date 5-20-05 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI ☐ House/Mod. Home No. Bedrooms 5

Pump Tank: 1500 Gallons; PT 479 Date 3-19-05 System Description: Pump-LP-Panel Block Site ☐ Mobile Home No. Bathrooms 5

Pump Make: Myers Model P102 Serial No. Repair System Description: Same (Off Site 520A) ☐ Business No. Employees

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400' Maintenance Agreement Required: ☐ Yes ☐ No ☐ Other

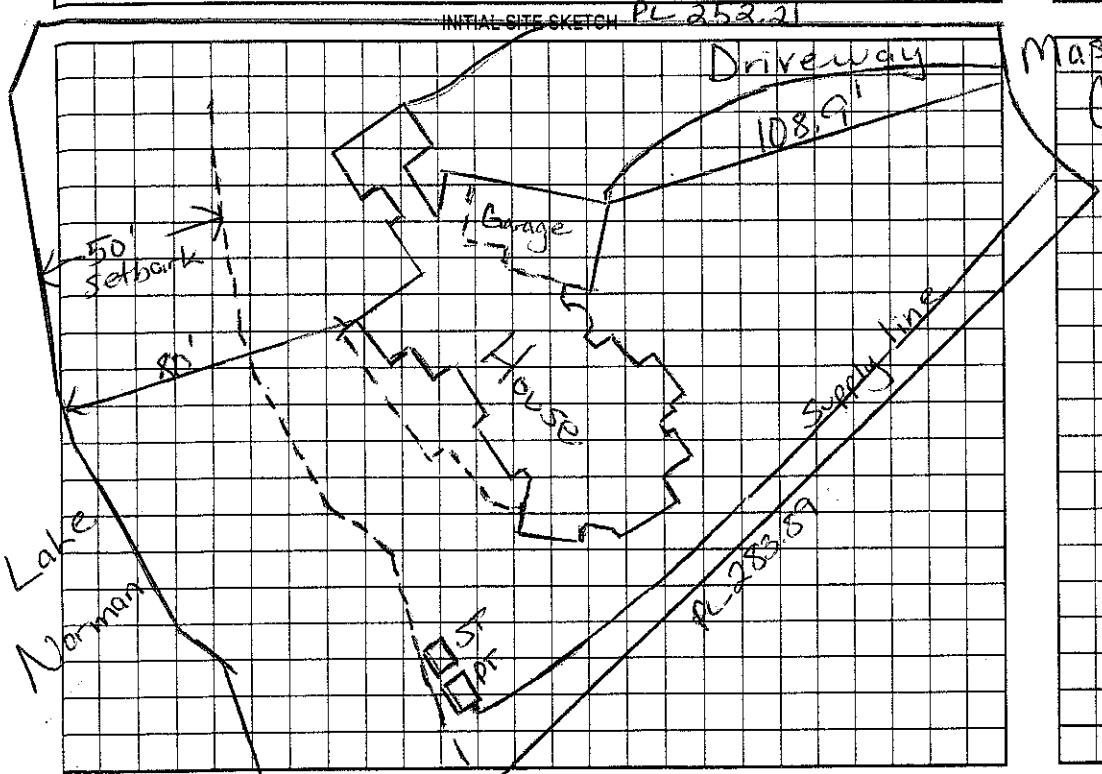
No Lines 4@100' Trench Width 24"-36" Max Trench Bottom Depth 36" Off Site Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

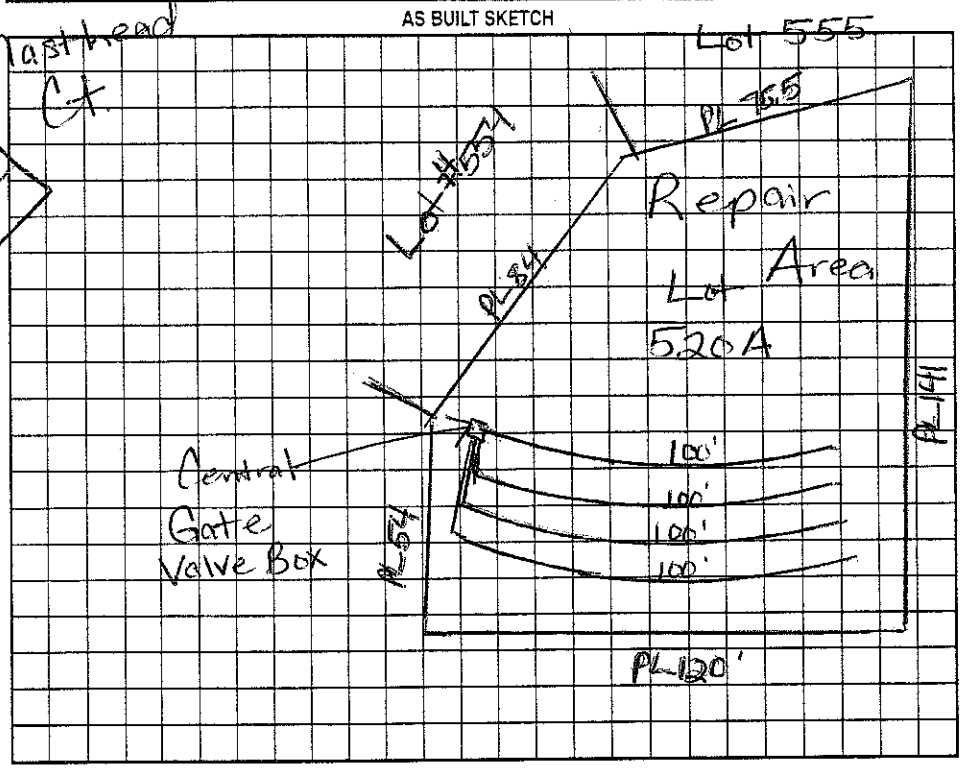
Comments/Conditions: Septic Drainfield to be installed Off site on lot 520A

Comments/Conditions: Checked lines 9/21/05 MD Checked tanks 9/28/05 MD

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 8/24/04 Installed by: R&H RS

Improvement Permit by: Maria H. Dotson RS date 8/20/04 Operation Permit by: Maria H. Dotson date 10/14/05

Authorization to Construct by: Maria H. Dotson RS date 8/20/04 Existing System Inspection by: _____ date _____

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