IREDELL COUNTY HEALTH DEPARTMENT

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

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

5000 Paid Taxes 2:37

PERMIT# 81839 PIN# 4625941684 PT Dan Goetz DATE 1-a

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

ADDRESS P.O. Box 471941 Charlotte, NC 28247

LOCATION Brawley School Rd TR Marstons Mill TR Maddakat Loop on Right

SUBDIVISION The Point BLOCK / SECTION 4 LOT 387 LOT AREA 54450 ft² SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .30

Septic Tank: 1500 Gallons; STB 338 Date 1/15/02
Pump Tank: 1500 Gallons; PT 283 Date 7/20/02
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1050' Linear Feet 350'
No Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 30" 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 ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 5.5 No. Employees
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

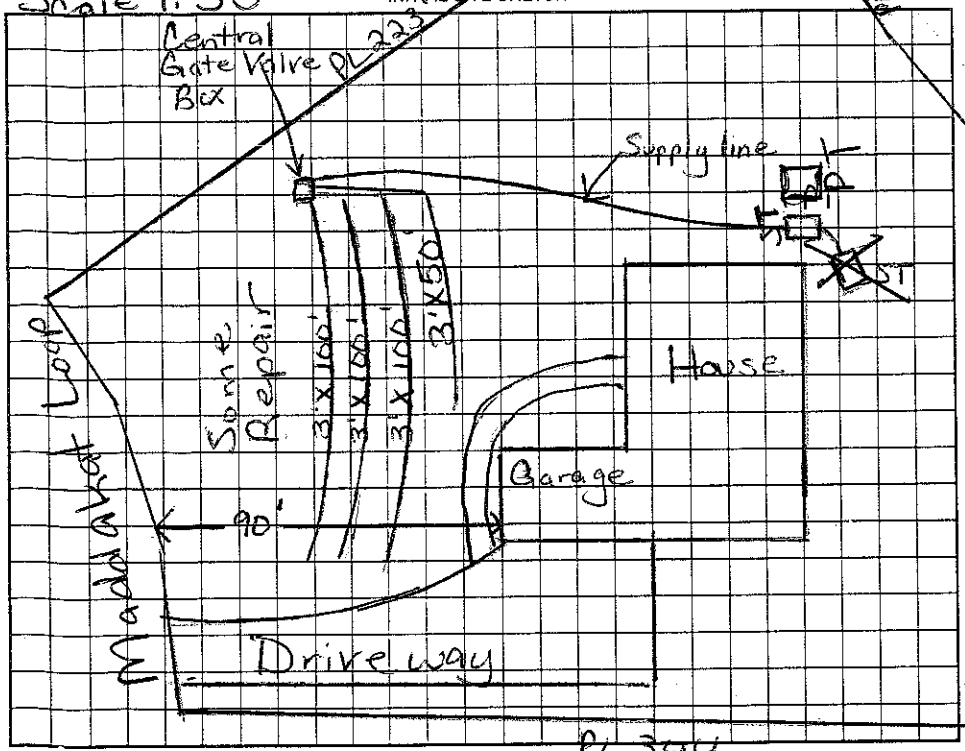
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' from PL & drainfield 25' from basement wall.

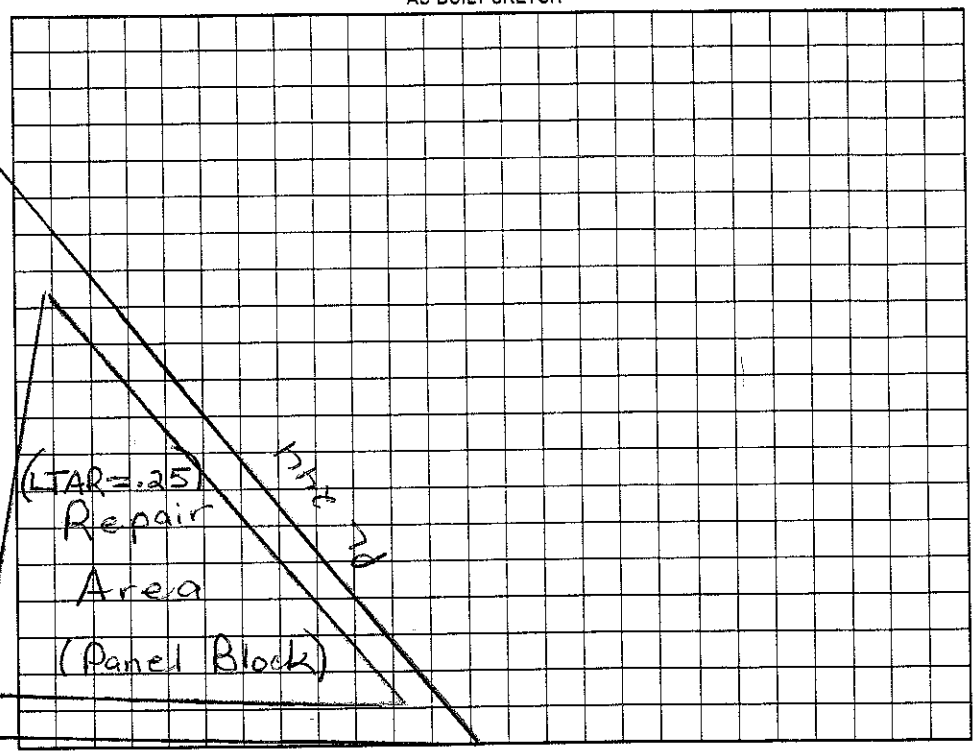
Comments/Conditions: 80 panels = 350 ft. drainfield
Checked lines 9/13/02 MD
Checked tanks 8/22/02

Scale 1:50

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 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.

S.E.H.S. date 1/4/2002 Installed by: R & H Inc

by: Maria H. Dotson R.S. date 1/2/2002 Operation Permit by: date 12/4/02

by: Maria H. Dotson R.S. date 1/2/2002 Existing System Inspection by: date

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