2.0a

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118970 PIN# 4625834957.1340 4625-92-0688 DATE 5-30-07

OWNER OR APPLICANT Arcadia Homes PHONE: Business _____ Home 704 889-4663

ADDRESS P.O. Box 471941 Charlotte NC 28247

LOCATION Brawley School Rd TL Yacht Rd TL Milford Circle TL Waitsfield Ct at end

SUBDIVISION Point BLOCK / SECTION 13 LOT 1340 LOT AREA 1.185 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 4-3-07

Pump Tank: 1500 Gallons; PT 47 Date 5-30-06

Pump Make: Gould Model WE0512H Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1008 Linear Feet 336

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-to-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: ☆ The approved plan by S&ME replaces the previous permit dated 7-15-06

Checked tanks 6/8/07 mD

INITIAL SITE SKETCH

☆ See attached plan by S&ME

AS BUILT SKETCH

Checked lines 6/19/07 mD

Installed per plan

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: Kenica Thomas date 6/5/07 Installed by: R&I

Improvement Permit by: Mariah M. Dotson RS date 5/30/07 Operation Permit by: Judy Melville date 8-31-07

Authorization to Construct by: Mariah M. Dotson RS date 5/30/07 Existing System Inspection by: _____ date _____

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