2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11967 PIN# ~~4625505104.438~~ 4626-28-1600 DATE 2-2-07

OWNER OR APPLICANT Arcadia Homes PHONE: Business 662-6631 Home 201-7181

ADDRESS P.O. Box 471941 Charlotte, NC 28247

LOCATION Brawley School Rd

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 438 LOT AREA 1.12 Acre SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 9-17-06

Pump Tank: 1500 Gallons; PT 477 Date ~~9-27-06~~

Pump Make: Goulds Model WE03 12mL Serial No. 2-2-07

Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335'

Lines 5 (See Note) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel BR

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☐ Gravity ☒ Pressure

☐ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

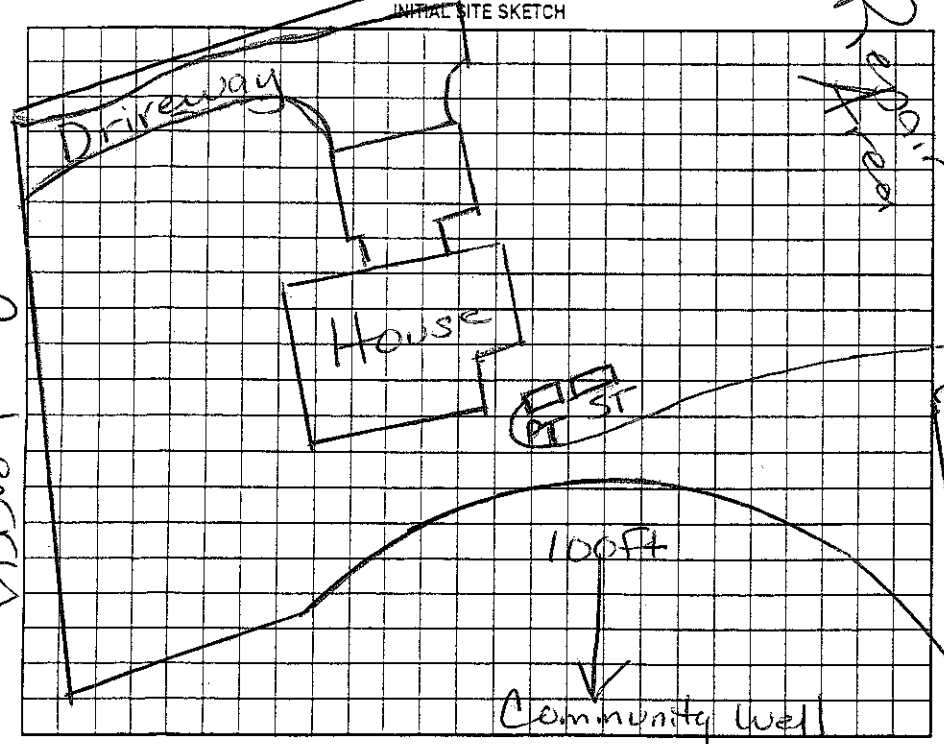
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions:

Scale 1:50

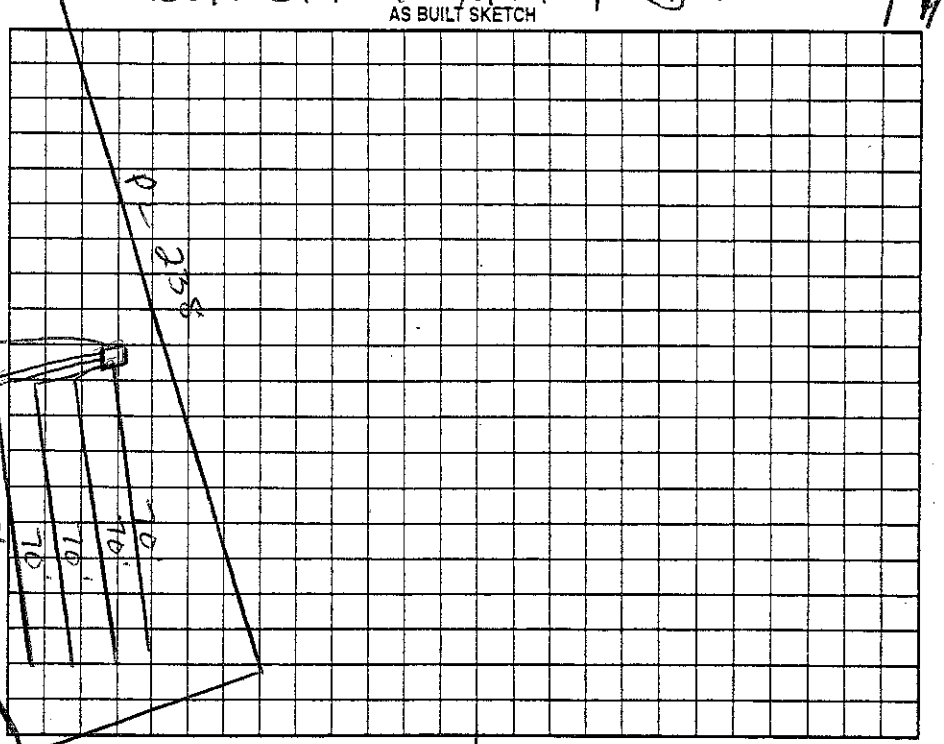
INITIAL SITE SKETCH



Comments:/Conditions:

Upgrading to 5 Bedroom
*Add one (55ft) drainline to system & change PT to 1500g
Checked Presto Panel line 3/7/07

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: RS date 2/6/07

Improvement Permit by: Maria H. Dolan RS date 2/6/07

Authorization to Construct by: Maria H. Dolan RS date 2/6/07

Installed by: R&T RS

Operation Permit by: Maria H. Dolan date 3/7/07

Existing System Inspection by: _____ date _____

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