IREDELL COUNTY HEALTH DEPARTMENT

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

3:00

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

PERMIT# 111295 PIN# ~~4626637315 27~~ 4626735937 DATE 8-30-04

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

ADDRESS P.O. Box 471941 Charlotte NC 28247

LOCATION Brawley School Rd TR South Fork TR Kapp Place TR Callicut Trail 4th lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 27 LOT AREA .935 acres SITE CLASS. PS DESIGN FLOW 600 gpd T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 3-12-05

Pump Tank: 1500 Gallons; PT 477 Date 4-10-05

Pump Make: Gravity Model WE03/2 Serial No.

Nitrification Field: No Fields Square Feet 1500' Linear Feet 500'

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36' Gravel Depth N/A

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

System Description: Pump-PM-25% Reduction

Repair System Description: LP-50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

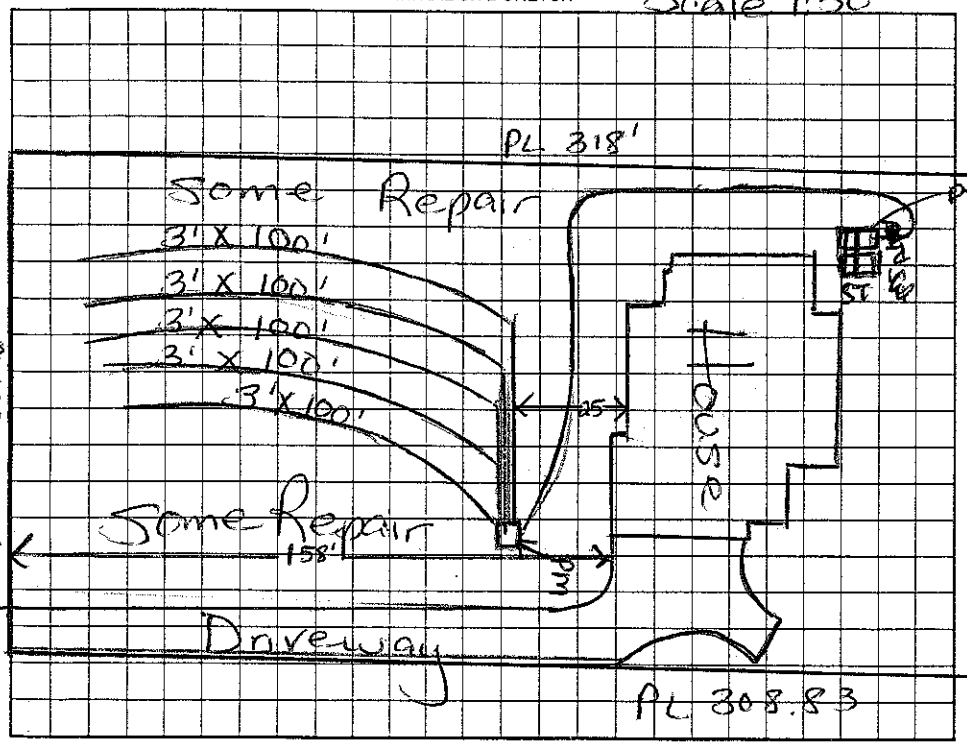
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

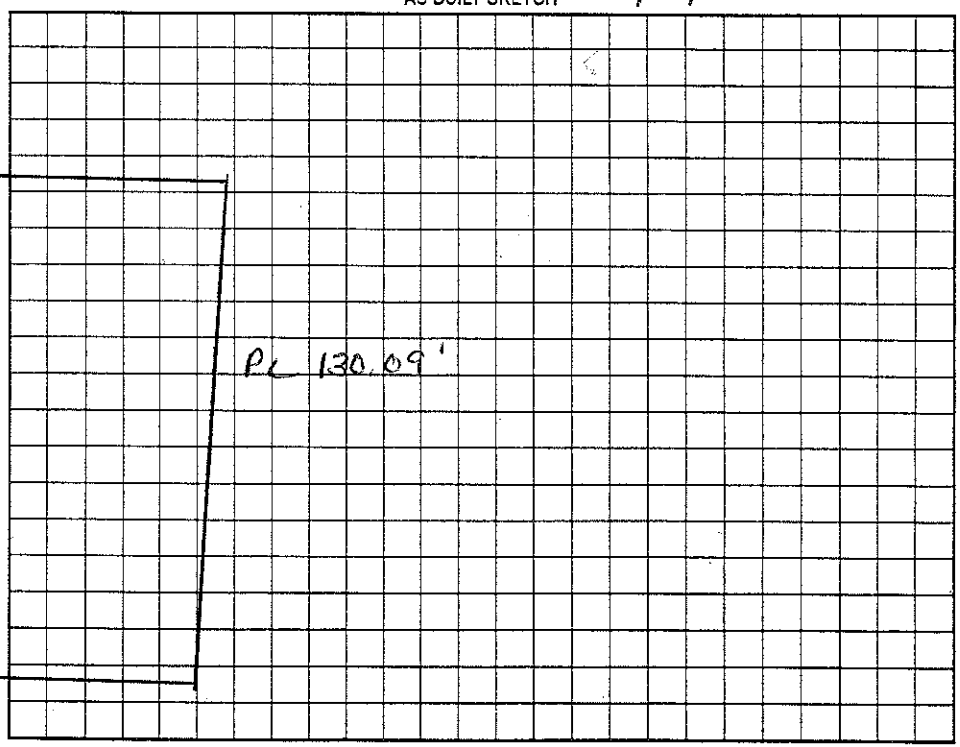
Comments/Conditions: Keep Septic System at least 10' to PL. Keep Drainfield at least 25' from basement wall.

Comments/Conditions: Checked lines 5/19/05 MD Installed E/ Flow Tanks Checked 6/16/05 Pressure, elect alarm 7/21/05 Checked

INITIAL SITE SKETCH Scale 1:50



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: _____ date 9/10/09

Improvement Permit by: _____ RS date 8/30/04

Authorization to Construct by: _____ RS date 8/30/04

Installed by: KRH RS

Operation Permit by: _____ date 7/21/05

Existing System Inspection by: _____ date _____

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