IREDELL COUNTY HEALTH DEPARTMENT

...RESVILLE 704-878-5305 1950 Paid MOORESVILLE 704-664-5281

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

PERMIT# 078629 PIN# ~~4626259446840 (pt)~~ 4626-91-8539 DATE 9-9-04

OWNER OR CONTRACTOR Arcadia Homes PHONE: Business _____ Home _____

ADDRESS P.O. 471941 Charlotte, NC 28247

LOCATION Brawley School Rd TL Great Point TL Wild Harbor TL Atlantic Way lot in Cul-de-Sac

SUBDIVISION The Point BLOCK / SECTION III LOT 330, 330A LOT AREA 33,362ft² + 330A SITE CLASS. PS DESIGN FLOW 600 gpd LTAR .3

Septic Tank: 1500 gal Gallons; STB 338 Date 3/10/05
Pump Tank: 1500 gal Gallons; PT 477 Date 2/21/05
Pump Make: Myers Model P102 Serial No. _____
Nitrification Field: No Beds 1 Square Feet 1008 Linear Feet 336
No Lines 4@84 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-LP-Panel Block
Repair System Description: Pump-LP-Panel Block
Maintenance Agreement Required: ☒ Yes ☐ No
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

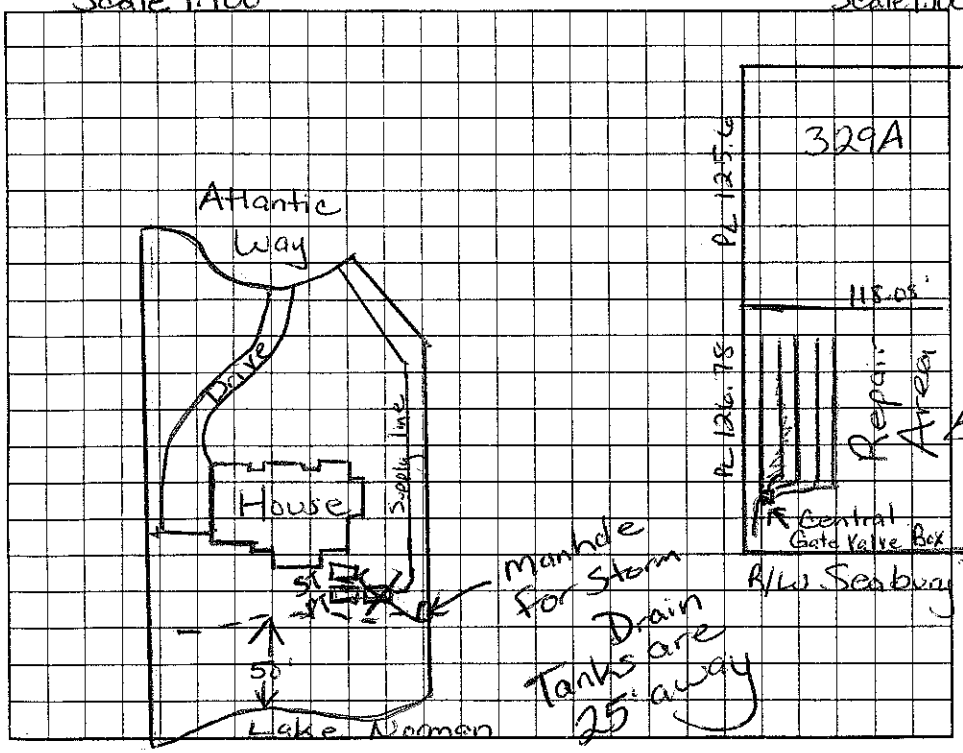
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' from PL Keep tanks at least 50' from lake.

Comments/Conditions: Checked tanks & lines 4/29/05 Pres, elect & alarm 5/27/05

Scale 1:100' 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: Jamie Anderson date 9/15/04 Installed by: R & H

Improvement Permit by: Maina H. Dotson RS date 9/9/04 Operation Permit by: Maina H. Dotson date 5/27/05

Authorization to Construct by: Maina H. Dotson RS date 9/9/04 Existing System Inspection by: _____ date _____

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