3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146045 PIN# 4635071834 DATE 10-19-07

OWNER OR APPLICANT Arcadia Homes Inc PHONE: Business 889-4663 Home 704 201-7181 or 662-6631

ADDRESS P.O. Box 471941 Charlotte NC 28247

LOCATION Brawley School Rd TL Quaker on left

SUBDIVISION The Point BLOCK / SECTION 1-C LOT 28 LOT AREA 1.61 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 6-4-08 Date 338

Pump Tank: 1000 Gallons; PT 283 Date 5-16-08

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 460'

No Lines 300 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: pumped-PM-25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

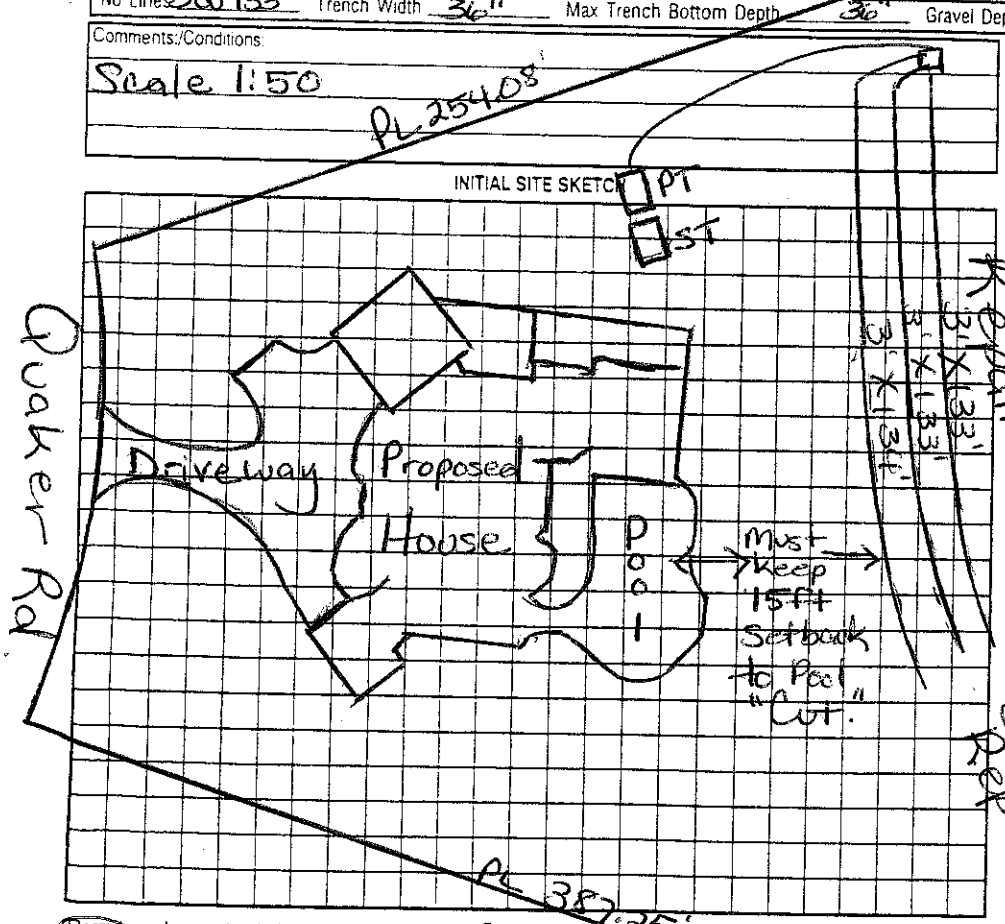
Water Supply: [ ] Individual [X] Public [X] Community

[X] Gravity [X] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

Scale 1:50

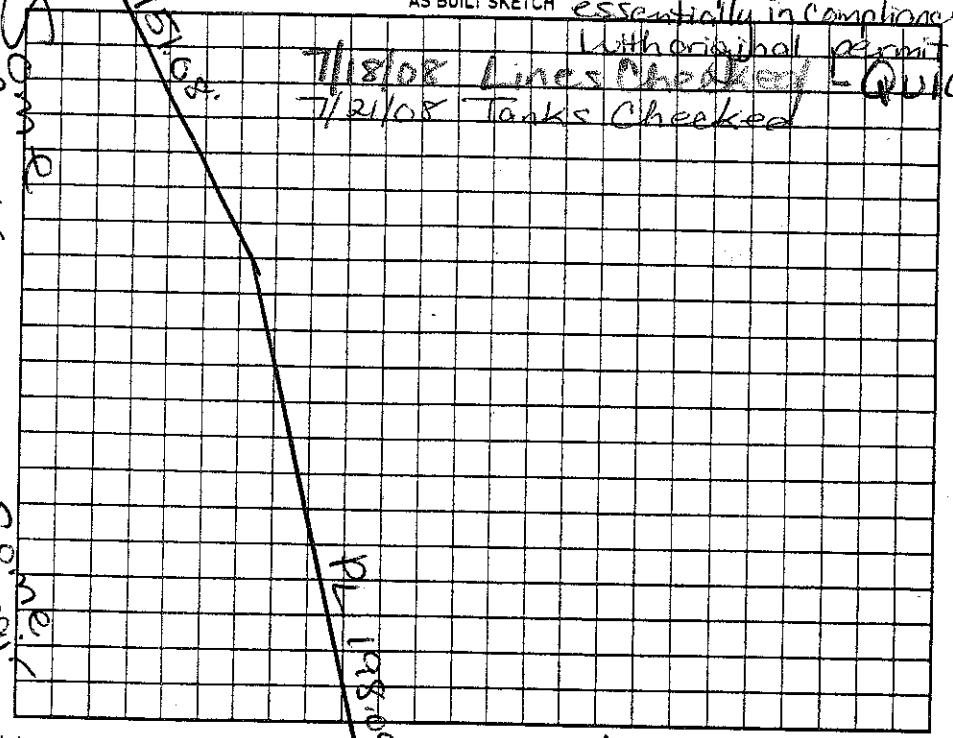
INITIAL SITE SKETCH



Comments:/Conditions:

Note: May be able to adjust Drainfield due to trees but Call Health Dept. first.
11/16/08 Reviewed Rbar plans & Site plans essentially in compliance with original permit

AS BUILT SKETCH



7/18/08 Lines Checked - Quick 4
7/21/08 Tanks Checked

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: Monica Thomas date 10/23/07 Installed by: R&L RS

Improvement Permit by: Maria H. Dolson RS date 10/19/07 Operation Permit by: Maria H. Dolson RS date 11/20/08

Authorization to Construct by: Maria H. Dolson RS date 1/16/08 Existing System Inspection by: _____ date _____

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