IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 200.00 Dt Paid MOORESVILLE 704-664-5281

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

PERMIT# 074975 PIN# ~~4625941084~~ 4635-07-3583 DATE 12/13/2000

OWNER OR CONTRACTOR CRT / Arcadia Homes PHONE: Business 898-4663 ~~Home~~ 662-6631

ADDRESS P.O. Box 471941 Charlotte NC 28242

LOCATION Brawley School Rd TL Quaker on right

SUBDIVISION The Point BLOCK / SECTION 1-C LOT 8, ~~8A&8B~~ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 9-22-01

Pump Tank: 1500 Gallons; PT 338 Date 9-17-01

Pump Make: Goulds 2HP Model 3887 Serial No. _____

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

No Lines 4 at 84' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5-6

☐ Business No. Employees _____

☐ Other _____

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

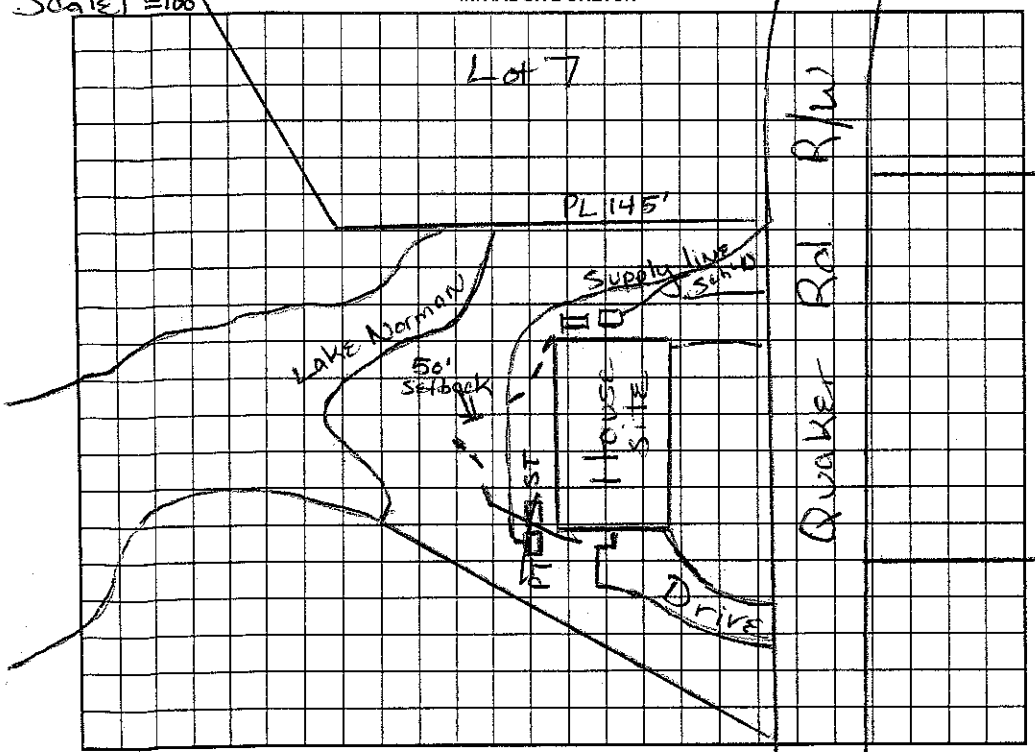
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: ~~* Use berm or ditch to divert stormwater around Septic easement area.~~

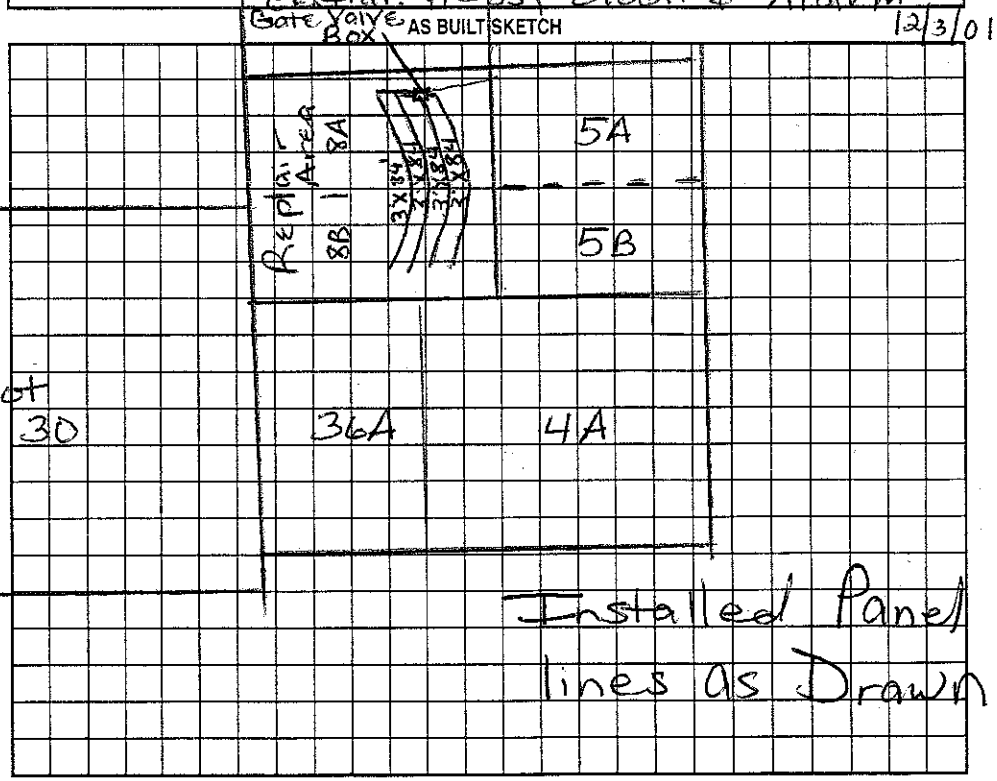
Comments/Conditions: Note: Septic drainfield located offsite ON lot 8A/8B (SFE) 50% Reduction in Drainfield area. Lines & tanks installed & checked 10/24/01 Central Press, Elect. & Alarm

Scale 1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH 12/3/01



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 12/13/2000 Installed by: R & H

Improvement Permit by: Maria H. Dotson RS date 12/13/2000 Operation Permit by: Maria H. Dotson R.S. date 12/3/2001

Authorization to Construct by: Maria H. Dotson RS date 12/13/2000 Existing System Inspection by: _____ date _____

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