IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078215/127078 PIN# ~~4625842807~~ 4635-09-3424 DATE 2-14-05

OWNER OR CONTRACTOR Arcadia PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Brawley School Rd TL Brawley Harbor Place on left

SUBDIVISION The Point BLOCK / SECTION II LOT 257 LOT AREA .877 Acre SITE CLASS. FS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 338 Date 10-7-05
Pump Tank: 1000 Gallons; PT 283 Date 10-4-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 5@60' Trench Width 36"-24" 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: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

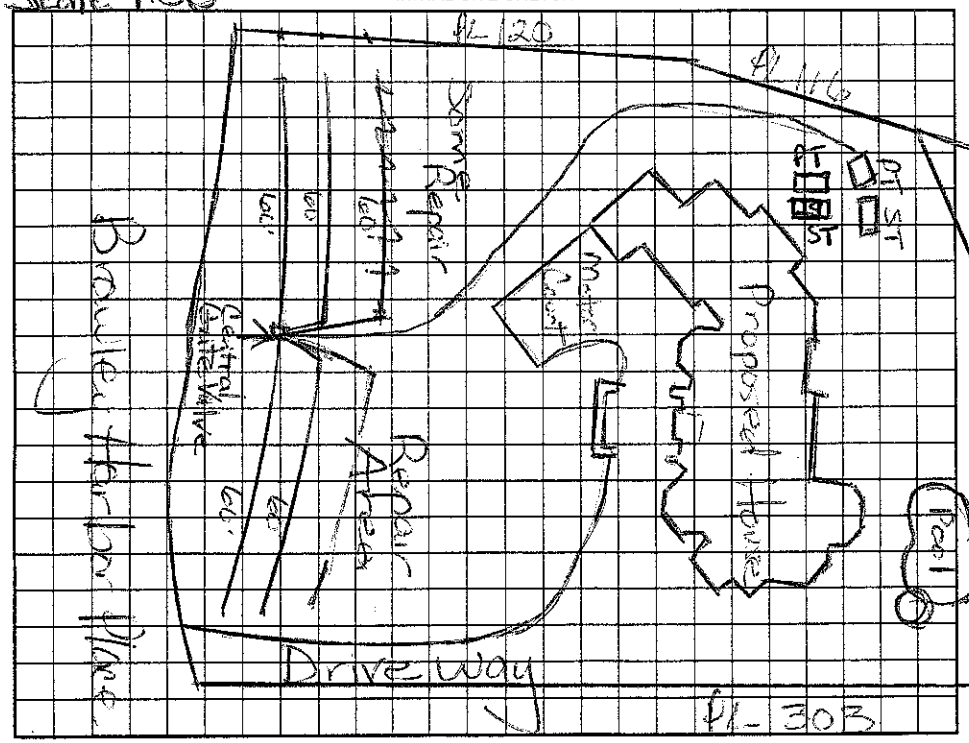
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Keep Septic System 10' From PL, 50' From lake & 15' From pool.

Comments:/Conditions: Installed lines as drawn, Checked 11/10/05
3/16" hole drilled
11/14/05 Checked tanks

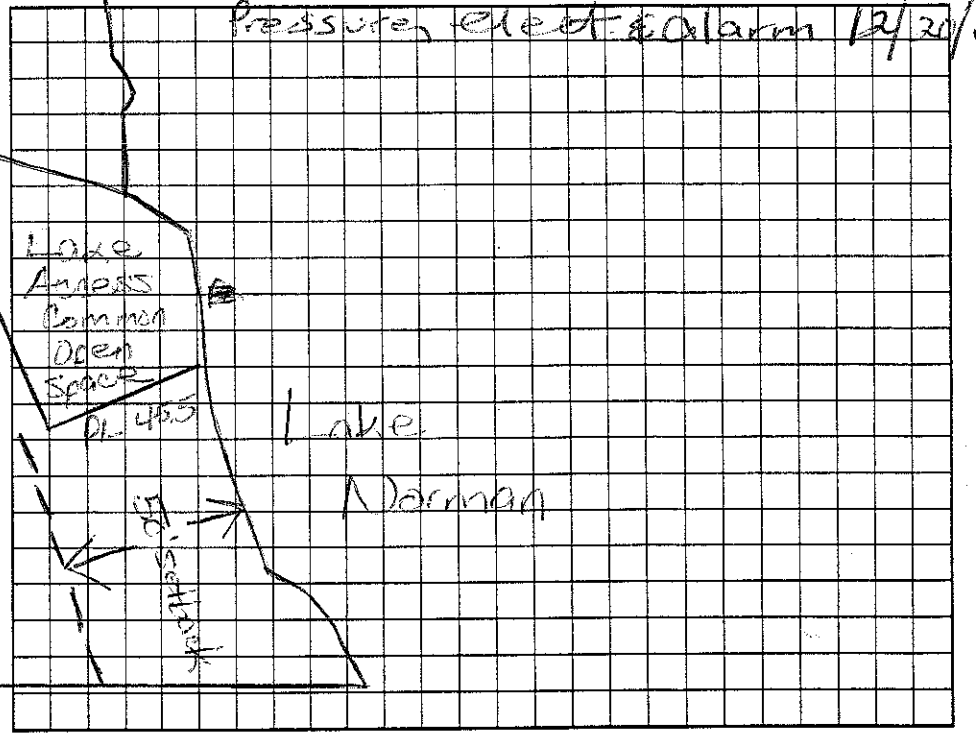
Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

Pressure, elect. & alarm 12/20/05



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 2/21/05

Improvement Permit by: Maria H. Dotson RS date 2/14/05

Authorization to Construct by: Maria H. Dotson RS date 2/14/05

Installed by: R&T

Operation Permit by: Maria H. Dotson RS date 12/20/05

Existing System Inspection by: _____ date _____

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