IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 42537 PIN# 4635/69320 Cell DATE 5-31-07

OWNER OR APPLICANT John Mc Nelly/Arcadia PHONE: Business 576-7831 Home 799-1656

ADDRESS 276 Blume Rd Mooresville, NC 28117

LOCATION Brawley School Rd TL Chatham Rd TL Mayfair Rd (SFE 36A on right at jct w/ Forestdale Dr) Lot #36 at end of Mayfair

SUBDIVISION The Point BLOCK / SECTION 1-B LOT 36/36A LOT AREA 36,208ft² SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1000± Gallons; STB 338 Date 8-23-08

Pump Tank: 1000 Gallons; PT 471 Date 5-13-08

Pump Make: Zoeller Model 5034-0020 Serial No.

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

No Lines 4@84' Trench Width *See Note Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion 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. Persons

☐ Business No. Employees

☐ Other

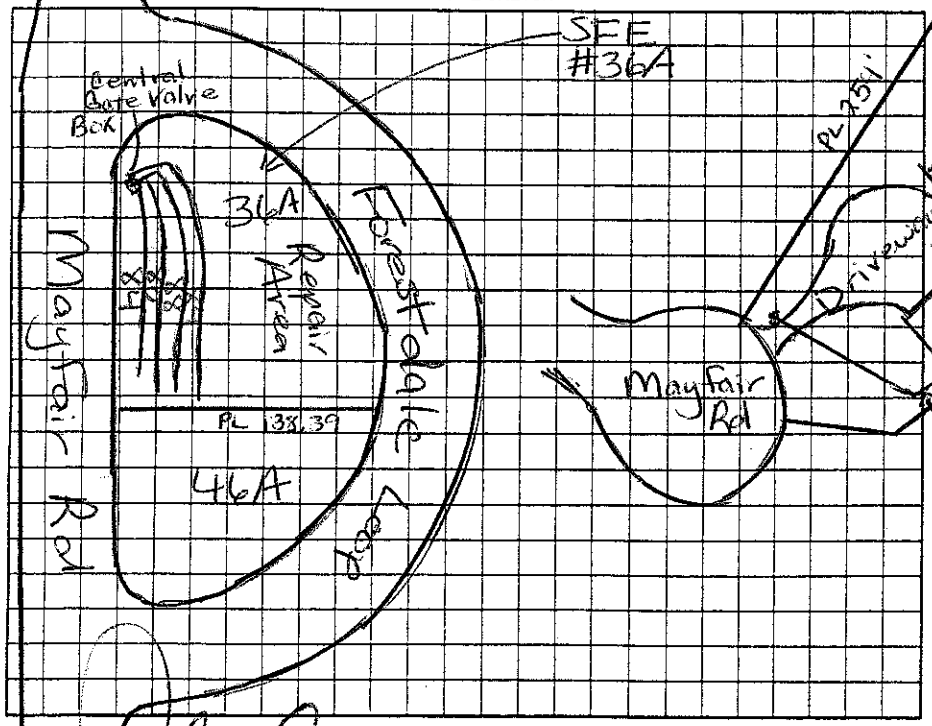
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions:

Scale 1:100

INITIAL SITE SKETCH

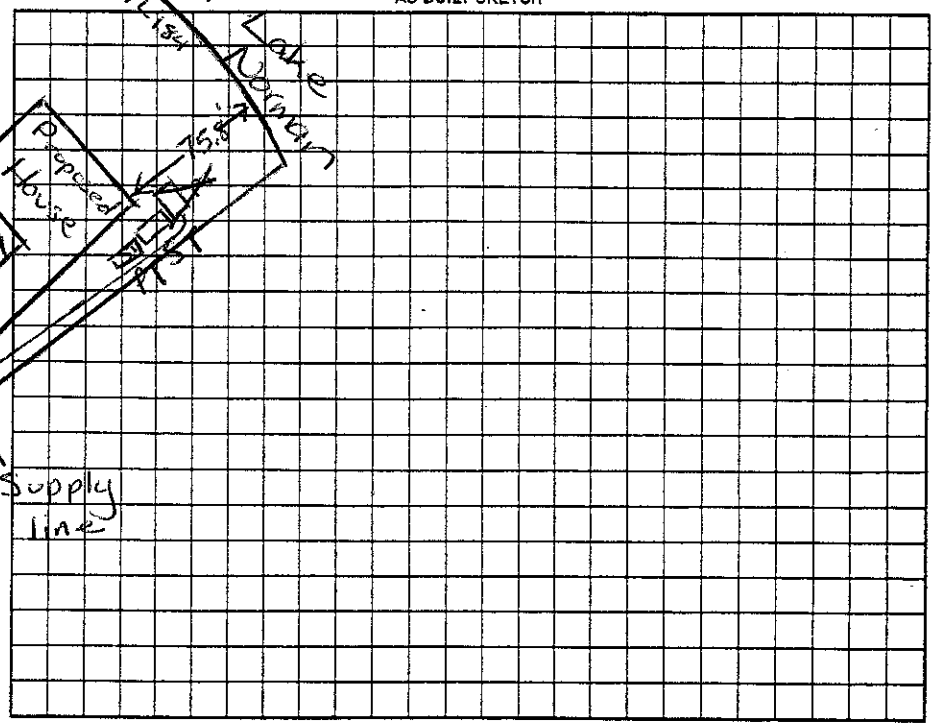


Comments:/Conditions: Note: Use trench width as specified in Crescent Communities Manual

10/30/08 Checked tanks.

1/23/08 Lines checked

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: [signature] date 6/7/07 Installed by: K & T K

Improvement Permit by: Maria H. Nelson RS date 6/1/07 Operation Permit by: Maria H. Nelson date 2/9/09

Authorization to Construct by: Maria H. Nelson RS date 6/1/07 Existing System Inspection by: _____ date _____

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