10:30 - 11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114636 PIN# 4624790494 DATE 5/27/08

OWNER OR APPLICANT Augusta Homes Inc. / ZIPADELLI PHONE: Business _____ Home _____

ADDRESS 10602 Bailey Rd. Ste B Cornelius, NC. 28301

LOCATION South Longfellow; 1100 TL New Haven (R) South Longfellow at cul de sac on (L) 1475 Longfellow

SUBDIVISION Point I BLOCK / SECTION 12 LOT 1214 LOT AREA ~41000 Ft² SITE CLASS. RS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 444 Date 5-15-09

Pump Tank: 1500 Gallons: PT 477 Date 4-21-09

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1026 Linear Feet 342

No Lines 5 Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No ☐ Gravity ☒ Pressure

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

System Description: LP-16" PPBPS

Repair System Description: SAME TYPE

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community POINT

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

Comments/Conditions: FAST TRACK REDRAW

Comments/Conditions: 5/16" hole drilled, lines checked 7/1/09

INITIAL SITE SKETCH

(1) System Layout + Design by S+ME 704-996-6330

(2) Installed must have Specs + Layout from S+ME on site at all times

AS BUILT SKETCH

CHECKED TANKS 6-26-09 [signature]

SET 2' PRESSURE HEAD 12-22-09 [signature]

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 5-27-08 Installed by: S+H

Improvement Permit by: Wesley Sparks R.S. date 5/27/08 Operation Permit by: [signature] REHS date 12-22-09

Authorization to Construct by: Wesley Sparks R.S. date 5/27/08 Existing System Inspection by: _____ date _____

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