154463

IREDELL COUNTY HEALTH DEPARTMENT

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

2130

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

PERMIT# 040744 PIN# 4625941684 PT 4625631926 DATE 8/21/03

OWNER OR CONTRACTOR Augusta Homes PHONE: Business 892-7795 ~~Home~~ Ken Wrench 201-4460

ADDRESS 10602 Bailey Rd Cornelius, NC 28031

LOCATION Brawley School Rd TR Stone wall Beach TR Standish on right

SUBDIVISION The Point BLOCK / SECTION 6 LOT 617 LOT AREA 1.47 Acres SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 7-24-04 Date >338
Pump Tank: 1000 Gallons; PT 7-23-04 Date 27
Pump Make: Goulds Model WE0312M Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump - 25% Reduction
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

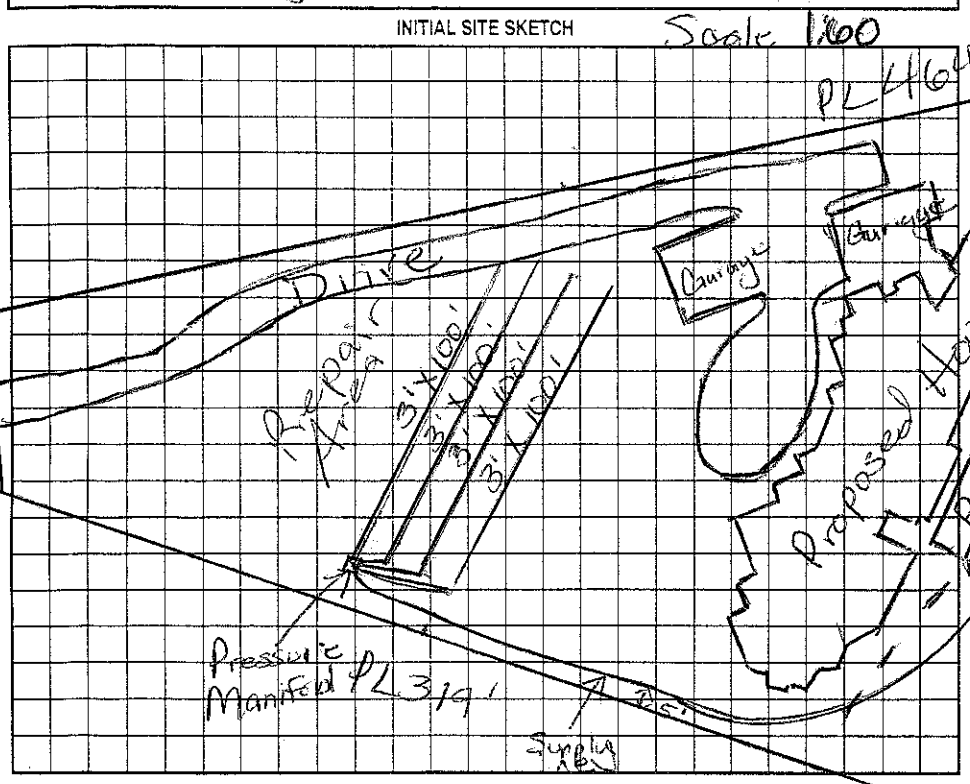
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

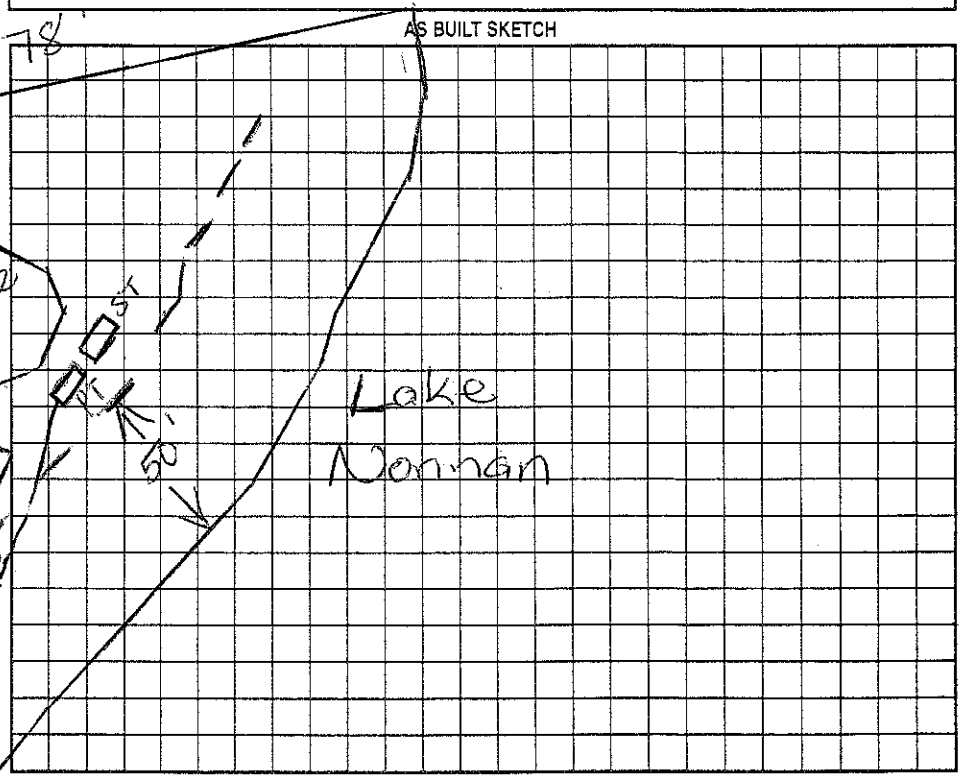
Comments:/Conditions: Keep Septic System at least 10' From PL, 50' from lake & tanks 15' from pool, supply line 10' From pool)

Comments:/Conditions: Installed EZ Flow as Drawn
Checked tanks & lines 8/26/04

INITIAL SITE SKETCH



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: _____ date 08/21/03 Installed by: R & H

Improvement Permit by: Maria H. Dobson RS date 8/21/03 Operation Permit by: Maria H. Dobson RS date 1/11/05

Authorization to Construct by: Maria H. Dobson RS date 8/21/03 Existing System Inspection by: _____ date _____

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