IREDELL COUNTY HEALTH DEPARTMENT

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

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

50.00 Rig 50= 1:3.

PERMIT# 081372 PIN# ~~4625-94-1684~~ 4625-65-7251 DATE 11/27/02

OWNER OR CONTRACTOR AUGUSTA HOMES PHONE: Business 892-7795 Home

ADDRESS 10602 BAILEY RD. #B CORNELIUS, NC 28036

LOCATION 1100 TR POLPIS TL JEREMY PT. TR BRICK KILN TL UNION CHAPEL LOT ON (L)

SUBDIVISION POINTE BLOCK / SECTION 5 LOT 542 LOT AREA 31,237 FT² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 3.33 Date 1-3-04

Pump Tank: 1500 Gallons; PT 421 Date 12-30-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 800 * Linear Feet 400 *

No Lines 4 @ 100 Trench Width 2' Max Trench Bottom Depth 3'

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

System Description: PUMP DOSED – 16 PPBPS *

Repair System Description: SAME SYSTEM

Maintenance Agreement Required: X Yes ☐ No

Gravel Depth No

X House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

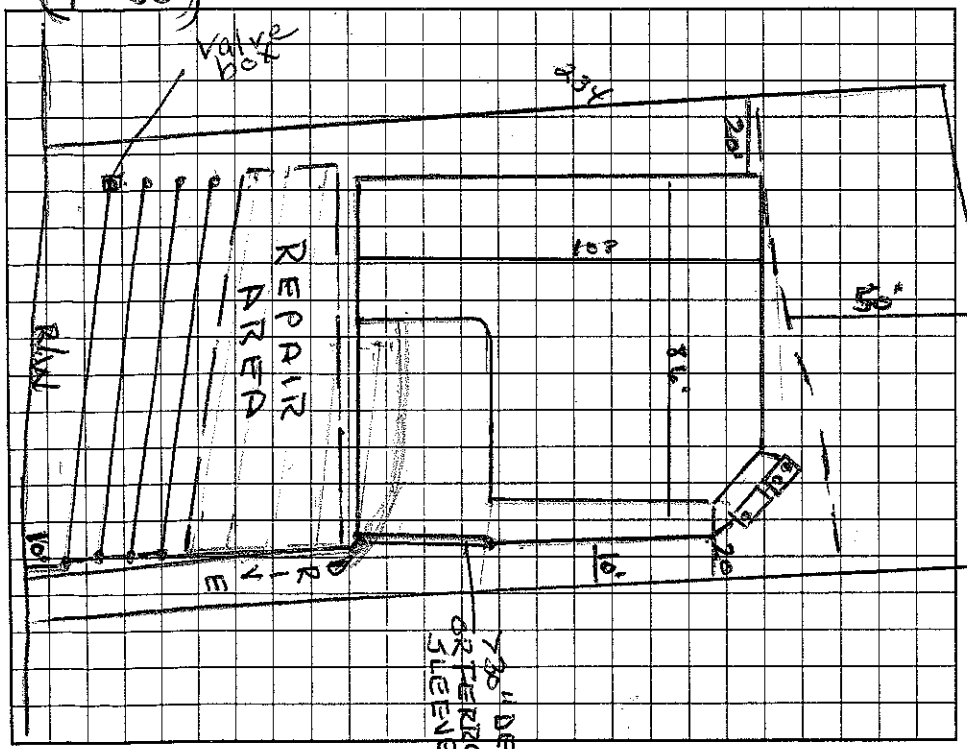
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public X Community

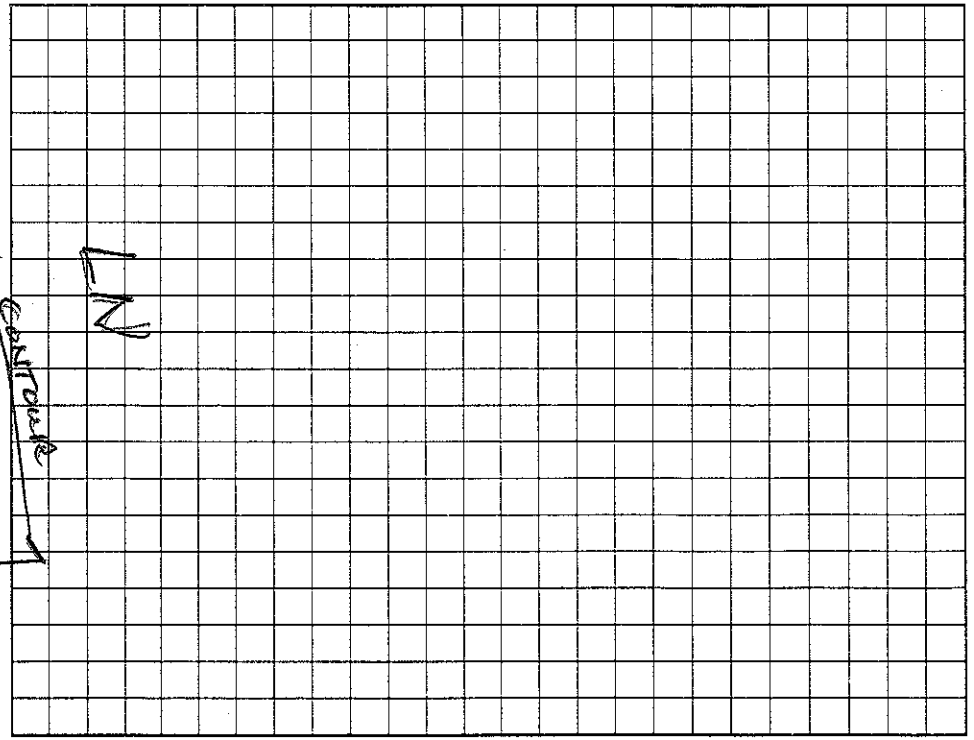
Comments:/Conditions: * This is a 50% Reduction System

Comments:/Conditions: Repair – 1 line above, 2 below + 2 half lines checked 9/17/03 Checked tanks 3/17/04, Pressure Checked 3/16" hole drilled 2/23/04

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 11/02/02

Improvement Permit by: Wesley Sparks RS. date 11/27/02

Authorization to Construct by: Wesley Sparks RS. date 11/27/02

Installed by: R & H date

Operation Permit by: Maria H Watson RS date 2/24/04

Existing System Inspection by _____ date _____

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