IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORES 04-664-5281

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

PERMIT# 08142 / 15696 PIN# 4625-94-1684 4625-97-5058 DATE

OWNER OR CONTRACTOR Augusta Homes PHONE: Business Home

ADDRESS 10602-B Bailey Rd Cornelius NC 28031

LOCATION BSR, on Rt Post Brawly Harbor Rd

SUBDIVISION The Point BLOCK / SECTION 5 LOT 502 LOT AREA 43,676 Ft² SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: Mon 1500 Gallons; STB 338 Date 4/19/05

Pump Tank: 1000 Gallons; PT 943 Date 11/1104

Pump Make: Goulds Model WE0312M4 Serial No.

Trification Field: No Fields 1 Square Feet 1200 Linear Feet 400

Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36' Gravel Depth —

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

System Description: 25% Reduction

Repair System Description: Lo Pro / Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

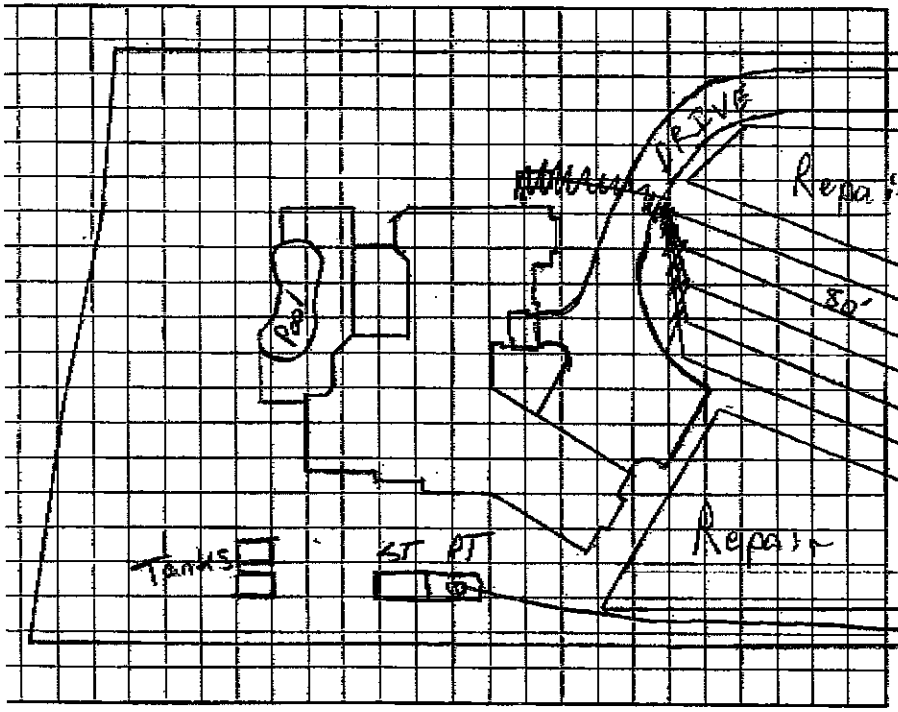
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

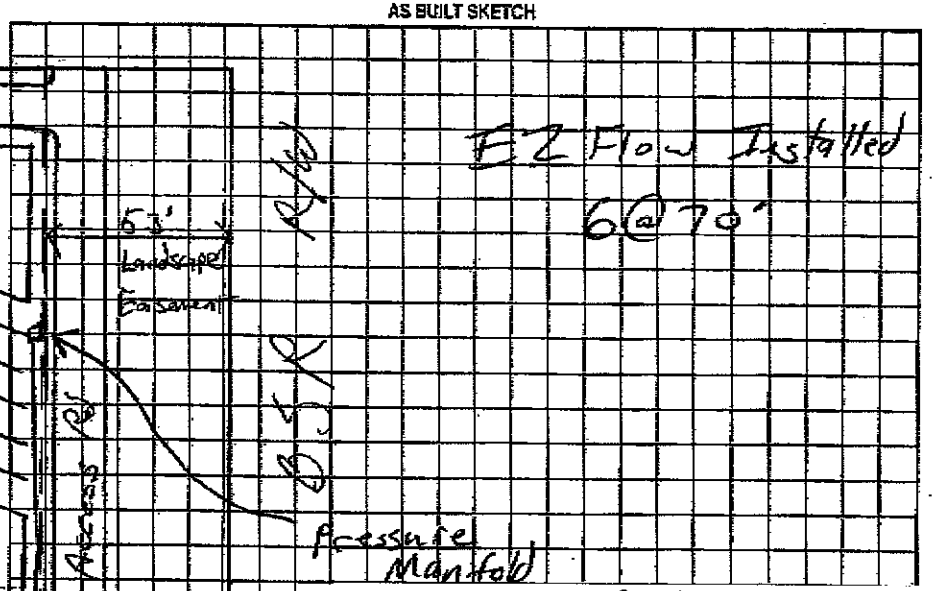
Comments/Conditions:

Comments/Conditions: Tanks & lines ohgaked by GM 5/4/05
Elect pres: & alarm 9/2/05

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed pool addition does not appear to impact the existing septic system.

**NOTE:

R.S.

Date: 4-21-09

ICHD-Environmental Health Division

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 unau
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 Installed by: R+H

Improvement Permit by: RS date 10/20/04 Operation Permit by: RS date 9/2/05

Authorization to Construct by: RS date 10/22/04 Existing System Inspection by: date

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

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