IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078170 PIN# 4625842807 (pt) 4625-98-7875 DATE June 8, 2000

OWNER OR CONTRACTOR CRI II Augusta Homes PHONE: Business _____ Home _____

ADDRESS 18525 Statesville Rd Suite D-02 Cornelius 28031

LOCATION Brawley School Rd TR Brawley Harbor Pl. TR Cliff Loop TR Gannon Pt.

SUBDIVISION The Point BLOCK / SECTION II LOT 246 LOT AREA 48,737 SITE CLASS RS DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000# Gallons; STB 338 Date 4-23-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Trench Bottom Depth 48" Gravel Depth NA

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

System Description: GRAVITY Innovative -25% Red

Repair System Description: Stone

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

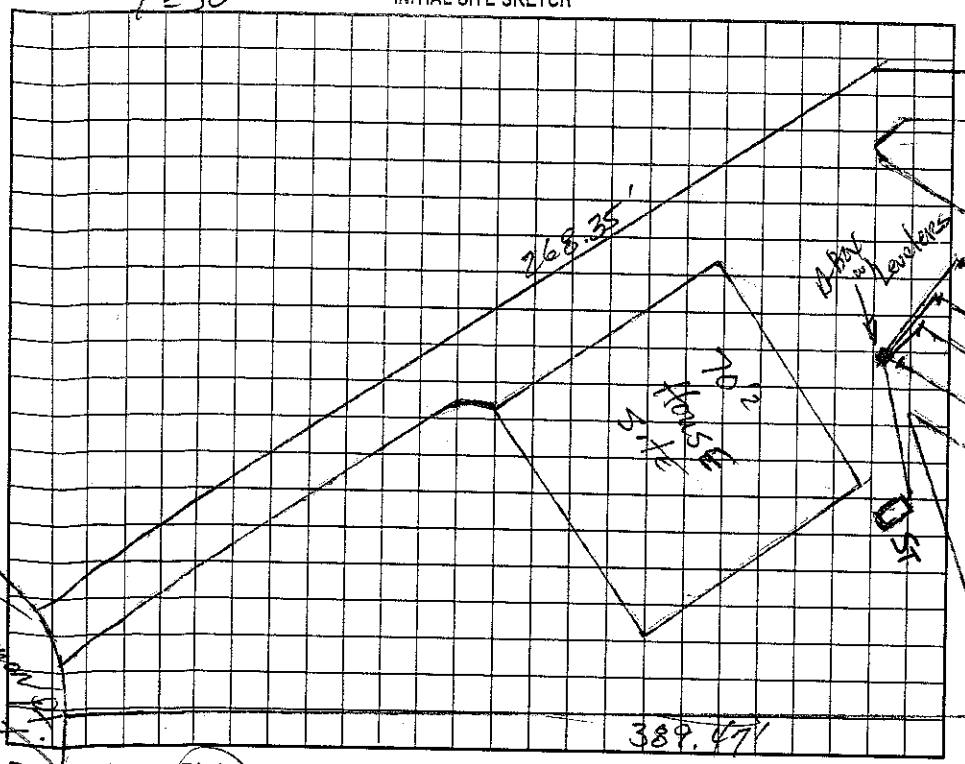
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: This replaces permit issued 3-18-99
& ONE injection port per Lateral

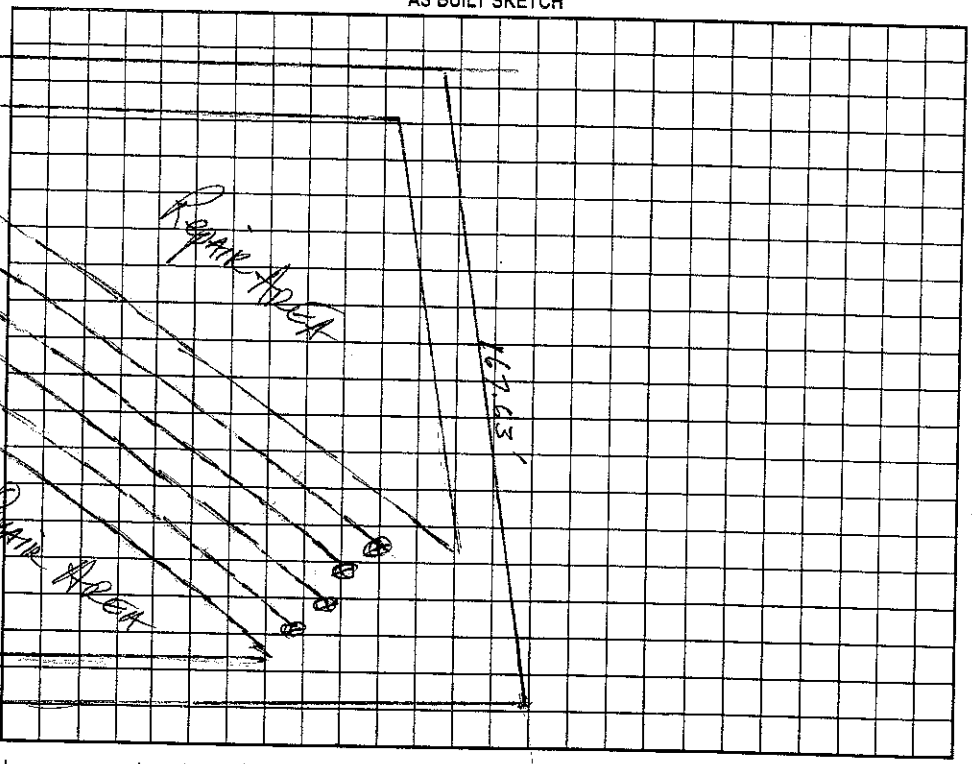
Comments:/Conditions:
Installed as drawn.
Filter & riser installed.

1"=50'

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 _____

Improvement Permit by: Daniel Hanson, RS date 6-8-00

Authorization to Construct by: Daniel Hanson, RS date 6-8-00

Installed by: R & H INC.

Operation Permit by: Maria Dotson RS date 6/8/2000

Existing System Inspection by: _____ date _____

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