IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 700.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 133877 PIN# 4626701045 DATE 3-2-06

OWNER OR APPLICANT Augusta Homes / Same PHONE: Business 892-7795 Home 704 582-9219

ADDRESS 10602 Bailey Rd - B Cornelius, NC

LOCATION Brawley School TR, Marstons Mill TR, White Horse TR, Tucker Nick TR, Wellfleet at end

SUBDIVISION Point BLOCK / SECTION 4 LOT 398 LOT AREA .96 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 Offsite 6.2 Repair Onsite

Septic Tank: 1000+ Gallons; STB 338 Date 9-24-05

Pump Tank: 1000 Gallons; PT 37 Date 9-24-05

Pump Make: Myers Model P102 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 1/4 ☐ Gravity ☒ Pressure

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

System Description: Offsite Pump-PM-25% Reduction

Repair System Description: LP-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

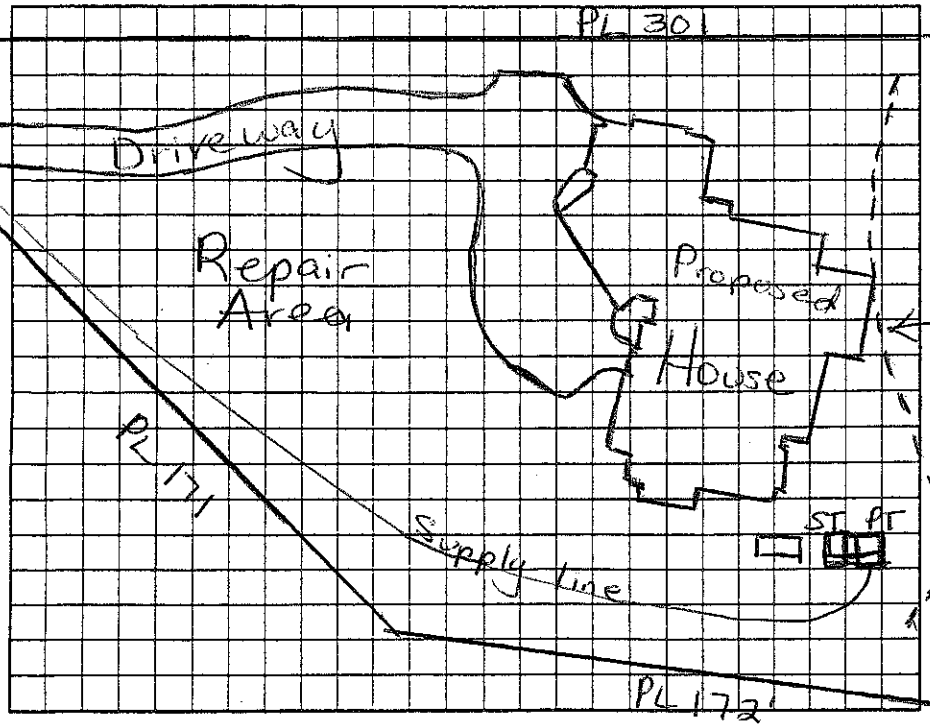
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

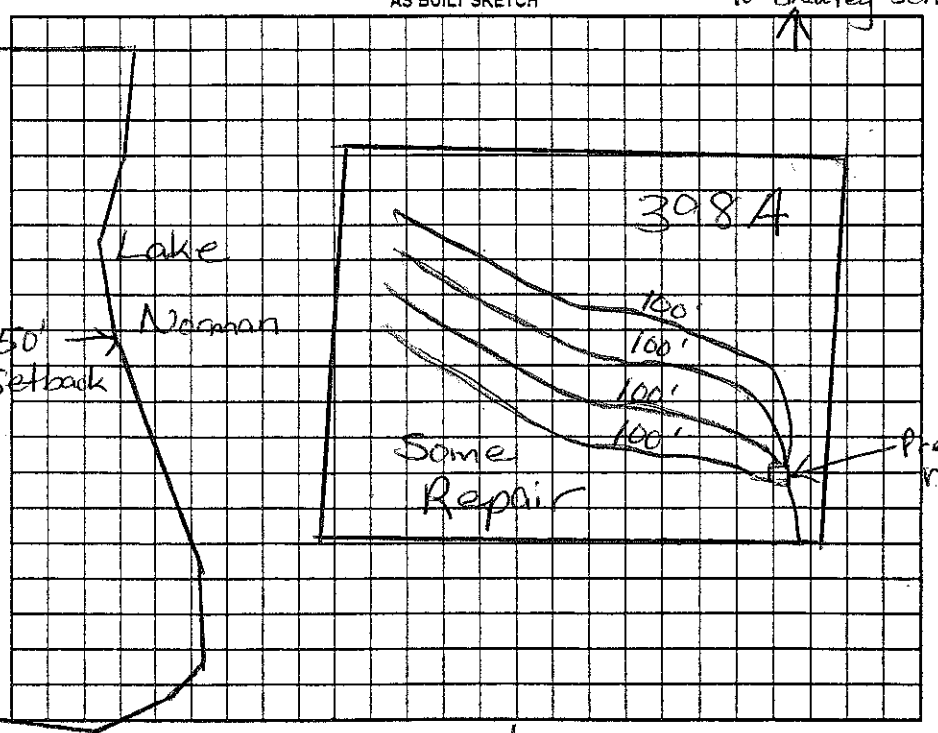
Comments:/Conditions: Remove all terraces & berms. See attached for "Offsite" drainfield maps. Checked tanks DIRM

Comments:/Conditions: Any future pool must be at least 15' from ST & PT and 10' from Supply line. Ex-Flow Drainfield checked 4/18/07

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 3-3-06 Installed by: R. Elliott RS

Improvement Permit by: Maria H. Nolan RS date 3/2/06 Operation Permit by: Maria H. Nolan date 6/7/07

Authorization to Construct by: Maria H. Nolan RS date 3/2/06 Existing System Inspection by: ___ date ___

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