2.00

IREDELL COUNTY HEALTH DEPARTMENT

S.M...SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 23838 PIN# ~~23 53 36~~ 4634-89-9691 DATE 3/23/00

OWNER OR CONTRACTOR Augusta Homes PHONE: Business 892-7795 Home

ADDRESS 18525 Statesville Rd. Cornelius, NC. 28031

LOCATION Langtree TL 2nd Knollview Dr. TR Kings Crest Dr. to last lot on (L) before cul de sac

SUBDIVISION Kings Landing BLOCK / SECTION LOT 36 LOT AREA ~1.75Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 2-19-01

Pump Tank: 1000 Gallons; PT 27 Date 12-21-00

Pump Make: ~~ALLEN~~ Model ME50S2 Serial No. 999

Nitrification Field: No Fields 1 Square Feet 810* Linear Feet 270*

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Typ 4 - 16" PPBS *

Repair System Description: SAME SYSTEM

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3.5

[ ] Business No. Employees

[ ] Other

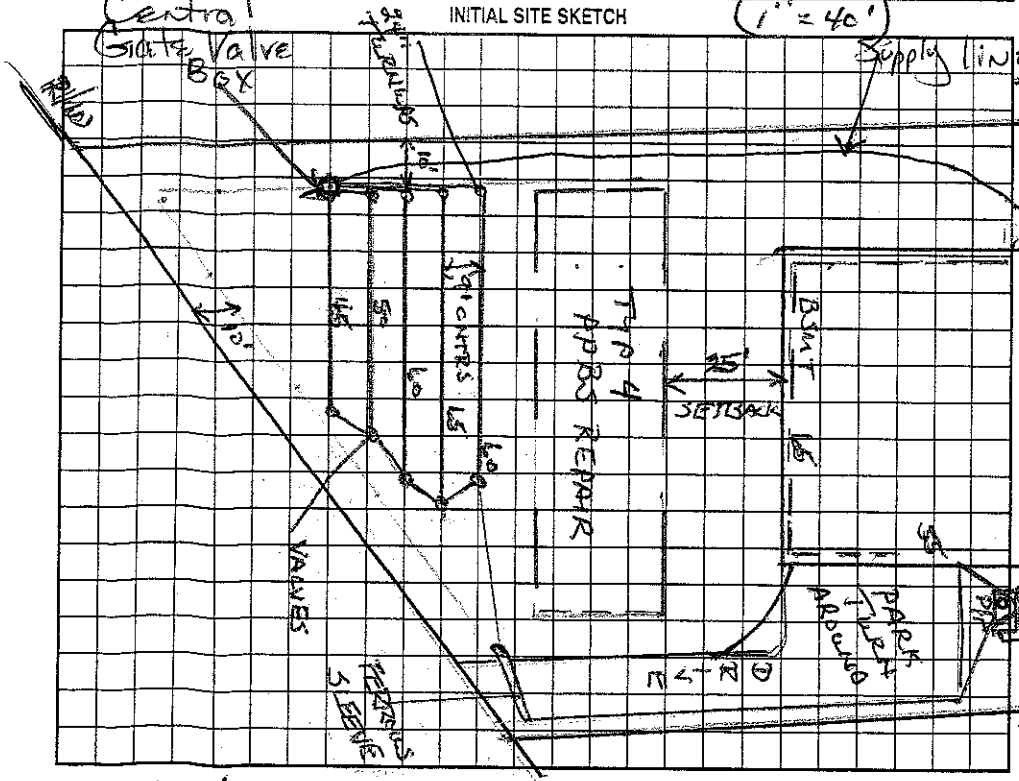
~~Gravel Depth~~ SAND [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

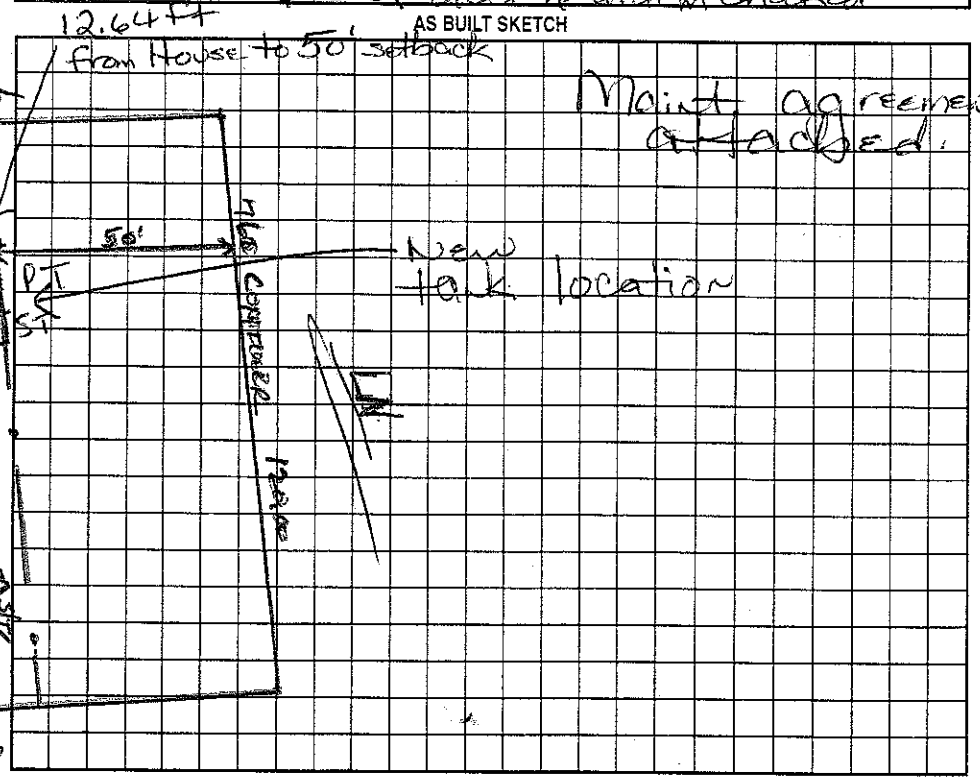
Comments/Conditions: ~37 GPM PUMP AT THIS ELEVATION* PRESSURE HEAD (2') THIS SYSTEM IS A ALTERNATIVE - INNOVATIVE SYSTEM

Comments/Conditions: 3/16" hole drilled Panel lines installed. Press. elect & alarm checked

INITIAL SITE SKETCH (1" = 40')



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: X _____ date 04/17/00

Improvement Permit by: Wesley Sparks RS. date 3/23/00

Authorization to Construct by: Wesley Sparks RS. date 3/23/00

Installed by: R & H

Operation Permit by: Maria H. [illegible] RS date 6/5/2001

Existing System Inspection by: _____ date _____

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