IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30 3:15,00 Fq. 9

PERMIT# 129472 PIN# 4635085805 DATE 9-29-05

OWNER OR CONTRACTOR Jeffrey Fink / Augusta Homes PHONE: Business 892-7795 Home Toney Jacobs 582-9219

ADDRESS 10602 Barkley Rd - B Cornelius NC 28031

LOCATION Brawley School Rd TL Brawley Harbor on left at end / Septic Easement on right ~300ft before cul-de-sac

SUBDIVISION The Point BLOCK / SECTION II LOT 253 LOT AREA 1.328 Acre SITE CLASS. / PS DESIGN FLOW 600gpd L.T.A.R. .03

Septic Tank: 1500 Gallons; STB 444 Date 2-21-07

Pump Tank: 1500 Gallons; PT 477 Date 2-23-07

Pump Make: Myers Model P102 Serial No.

Nitrification Field: No. Fields 1 Square Feet 1002 Linear Feet 334'

No. Lines 7 8 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Offsite Pump-LP Panel Blk

Repair System Description: Pump-LP Panel Blk

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms ___ No. Employees ___

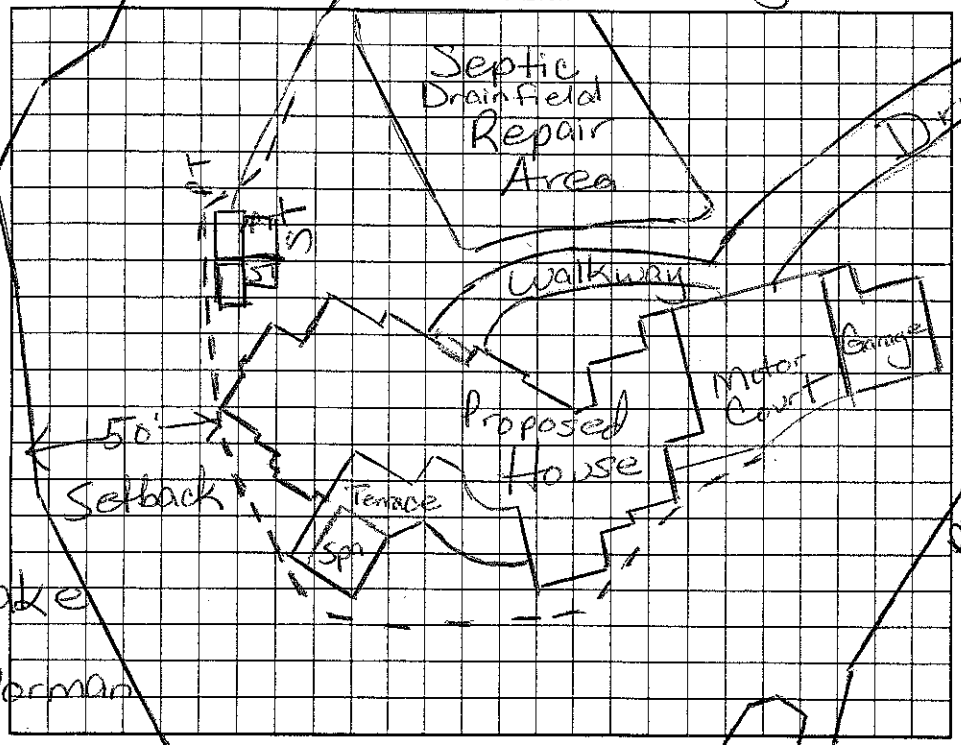
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

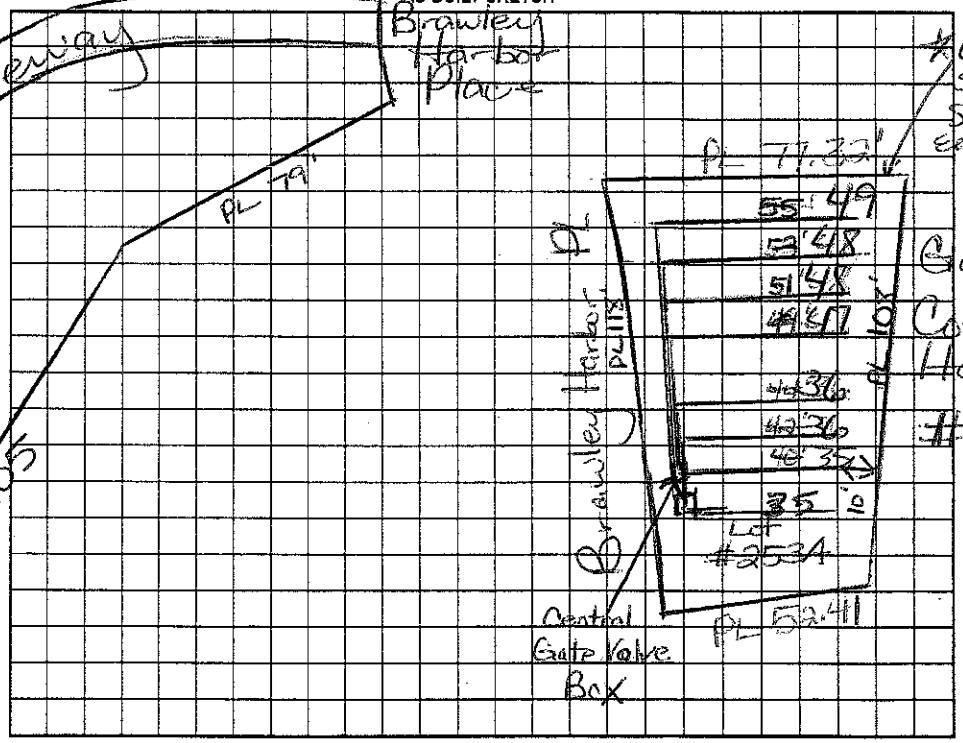
Comments/Conditions: Scale 1"=50'
Checked tanks 3/27/07
Checked lines 10/1/07 PL 322'
Supply line

Comments/Conditions: Note: Supply line to Off Site Easement is 2 inch Plat with route to Easement attached to permit at Health Dept 3/16" hole drilled

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: [signature] (Agent) date 9/30/05

Improvement Permit by: [signature] RS date 9/29/05

Authorization to Construct by: [signature] RS date 9/29/05

Installed by: ___ date ___

Operation Permit by: [signature] date 11/13/07

Existing System Inspection by: ___ date ___

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