IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 245.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 114626 PIN# 4625 TL 74 76.11 4624-69-7432 DATE 11/19/03

OWNER OR CONTRACTOR Kingswood Custom Homes PHONE: Business 704-226-6766 Home

ADDRESS 8033 Corporate Center Dr. Charlotte NC 28226

LOCATION BSR, TL New Haven, TR South Longfellow at End.

SUBDIVISION Point BLOCK / SECTION 12 LOT 121 LOT AREA 43,557 Ft² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons; STB 339 Date 7/20/04

Pump Tank: 1500 (1900) Gallons; PT 421 Date 7/19/04

Pump Make: Goulds Model WE07 712 HU Serial No. F0463130

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

No Lines 5@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Bathrooms 5 No. Employees

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

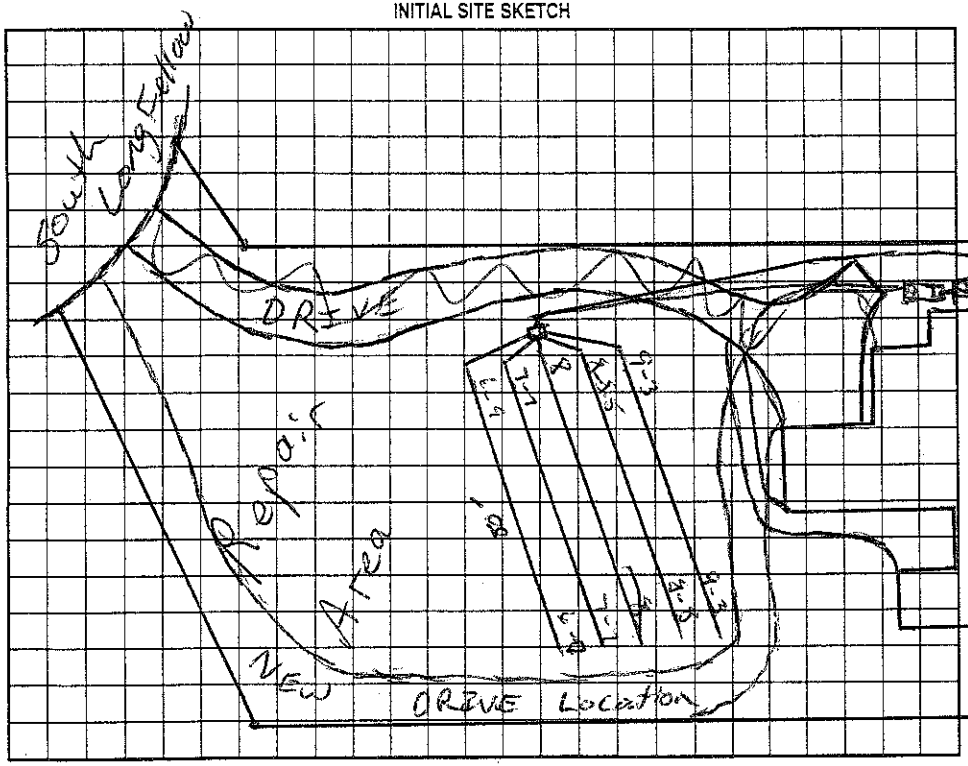
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

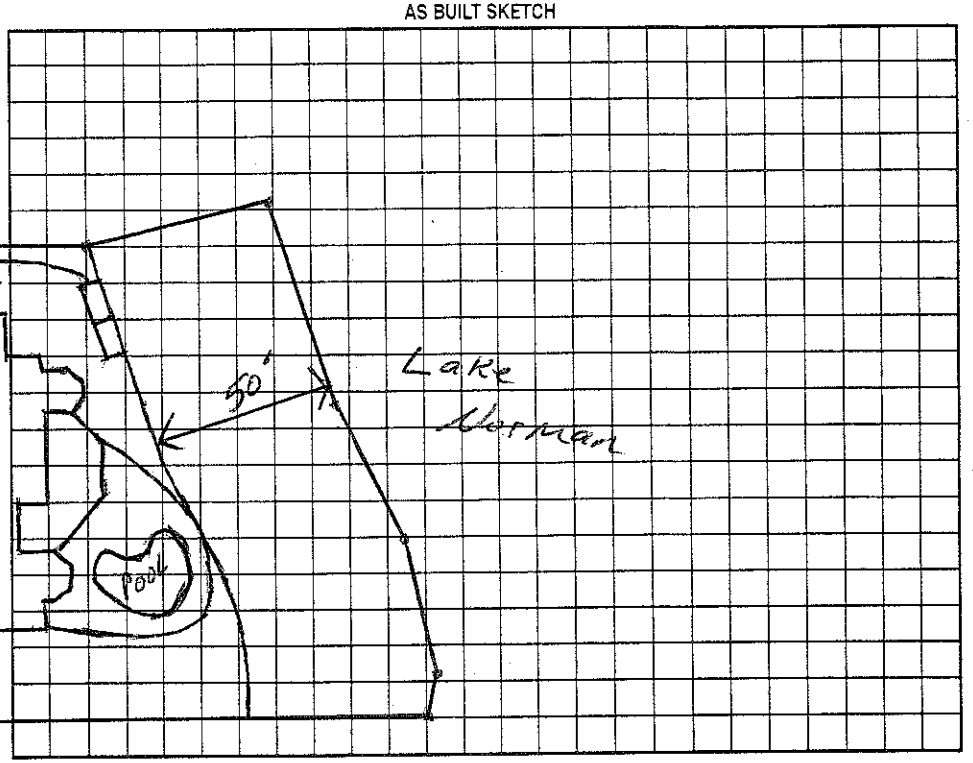
1" = 50'

Comments:/Conditions: 90 Panels installed - 3/16 - 1 per panel

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 12-15-03 Installed by: Halfman

Improvement Permit by: _____ RS date 11/19/03 Operation Permit by: Wesley Sparks R.S. date 9/21/04

Authorization to Construct by: _____ RS date 11/19/03 Existing System Inspection by: _____ date _____

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