IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORES

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

PERMIT# 01217 PIN# 4625941684 Tim 4625-50-8587 DATE 6/26/02

OWNER OR CONTRACTOR CRI / Kingswood Homes PHONE: Business 506-3456 Home

ADDRESS 8033 Corp Dr Charlotte, NC 28163

LOCATION Brawley School Rd TR Lightship Dr. 2nd lot on right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 818 LOT AREA 53,115 ft² SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. .3

Septic Tank: 500 Gallons; STB 338 Date 1/19/03 ☒ New System ☐ Repair System Type: I II III IV V VI

Pump Tank: 1500 Gallons; PT 338 Date 1/25/03 System Description: Pump-4-Panel Blk.

Pump Make: Gould's Model WE10:2H4 Serial No. J026350 Repair System Description: Same

Nitrification Field: No Fields 1 Square Feet 700-1050 Linear Feet 350' Maintenance Agreement Required: ☒ Yes ☐ No

No Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 6

☐ Business No. Employees

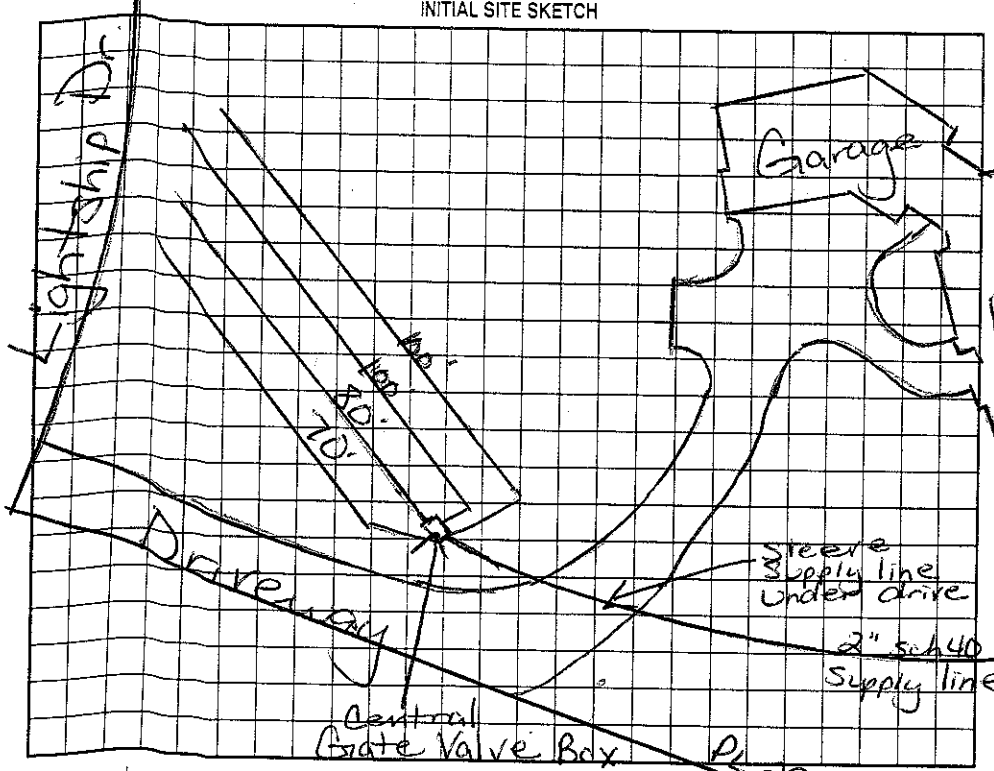
☐ Other

Water Supply: ☐ Individual ☒ Public ☒ Community

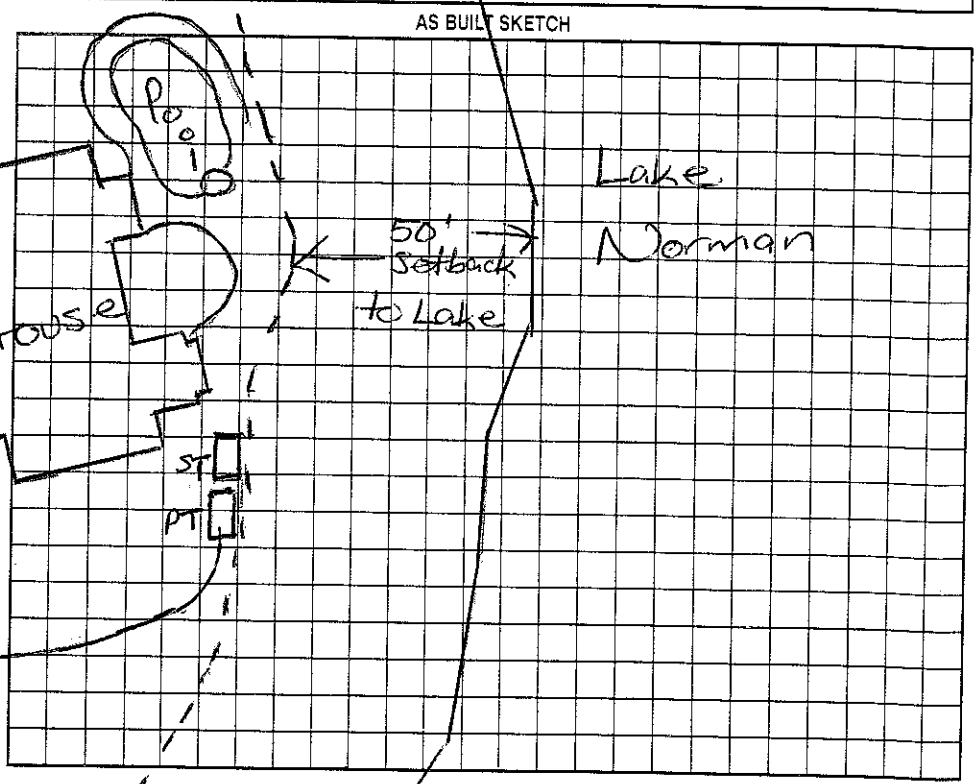
Comments/Conditions: Scale 1:40
Do Not cut area at front of house PL-284.91'
Backfill only to provide positive drainage.

Comments/Conditions: Keep Septic System at least 10' From PL, 50' from Lake & 15' From pool.

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 _____ Installed by: Hallman

Improvement Permit by: Maria H Watson RS date 6/24/02 Operation Permit by: _____ RS date 6/23/03

Authorization to Construct by: Maria H Watson RS date 6/26/02 Existing System Inspection by: _____ date _____

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