DELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 200.00 Paid MOORESVILLE 704-664-5281

MPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PERMIT# 10185 PIN# ~~4625941684.805~~ 4625-51-9745 DATE 12-10-01

OWNER OR CONTRACTOR Kingswood Homes Inc PHONE: Business 544-6546 ~~Home~~ Mobile (704) 506-345

ADDRESS 8000 Corp Center Dr. Charlotte NC 28226

LOCATION Brawley School Rd TR Heathland Lane on right.

SUBDIVISION The Point BLOCK / SECTION 8 LOT 805 LOT AREA 61,785 ft2 SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 7/12/02
Pump Tank: 1500 Gallons; PT 338 Date 7/15/02
Pump Make: Wee 712/HV Model Goulds Serial No. 8/22/02
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400'
No Lines 4@100' Trench Width 24"-36" Max Trench Bottom Depth 30"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: X Yes ☐ No
Gravel Depth N/A

X House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5.5
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

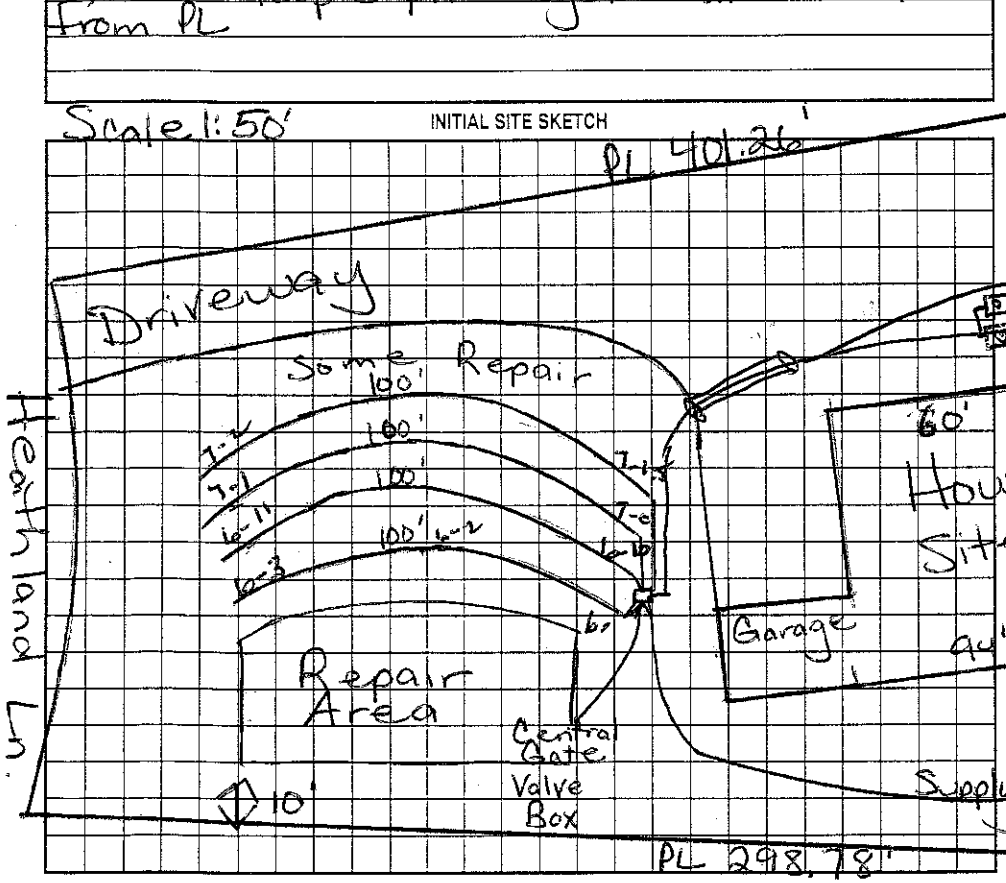
Water Supply:
☐ Individual
X Public
X Community

Comments:/Conditions: Keep Septic System at least 10' From PL

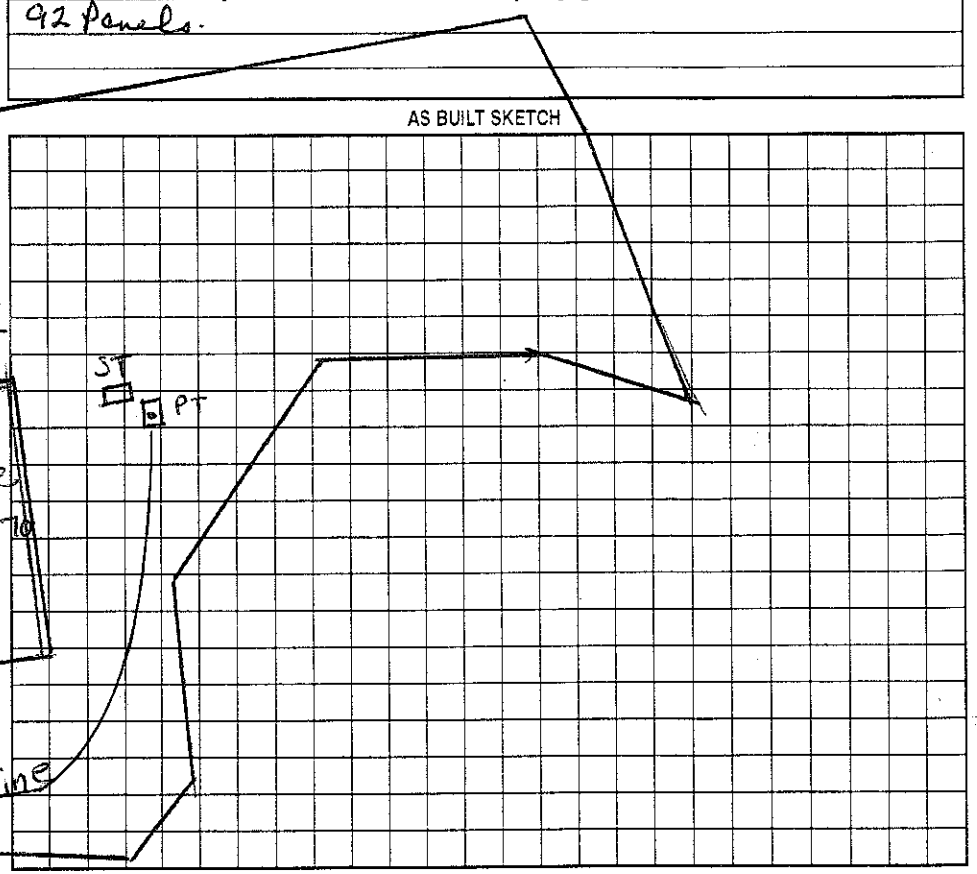
Comments:/Conditions: Alternate inline 92 Panels.

Scale 1:50'

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] RS date 12-13-01 Installed by: Hallmen Const. Co.

Improvement Permit by: Maia H. Dolson RS date 12/10/01 Operation Permit by: [signature] RS date 9/23/02

Authorization to Construct by: Maia H. Dolson RS date 12/10/01 Existing System Inspection by: date

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