IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00' MOO MOOSEVILLE 704-664-5281

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

PERMIT# 114562 PIN# 4625 71 7476.5 4625606289 DATE 6/22/04

OWNER OR CONTRACTOR Kingswood Custom Homes PHONE: Business 704-506-3456 Home

ADDRESS 2000 Corporate Center Dr, Suite 400 Charlotte, NC.

LOCATION 1100 ft New Haven on (R) 124 New Haven Dr.

SUBDIVISION Point BLOCK / SECTION 12 LOT 1205 LOT AREA 6,152, 63 SQ FT SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 738 Date 12/13/04

Pump Tank: 1500 Gallons; PT 4863 Date 12/14/04

Pump Make: GOULDS Model WE0-ST2-HH Serial No. 1048037 1

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 6@100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

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

System Description: PressMan → Type 3

Repair System Description: PressDosed 160 PPRS

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

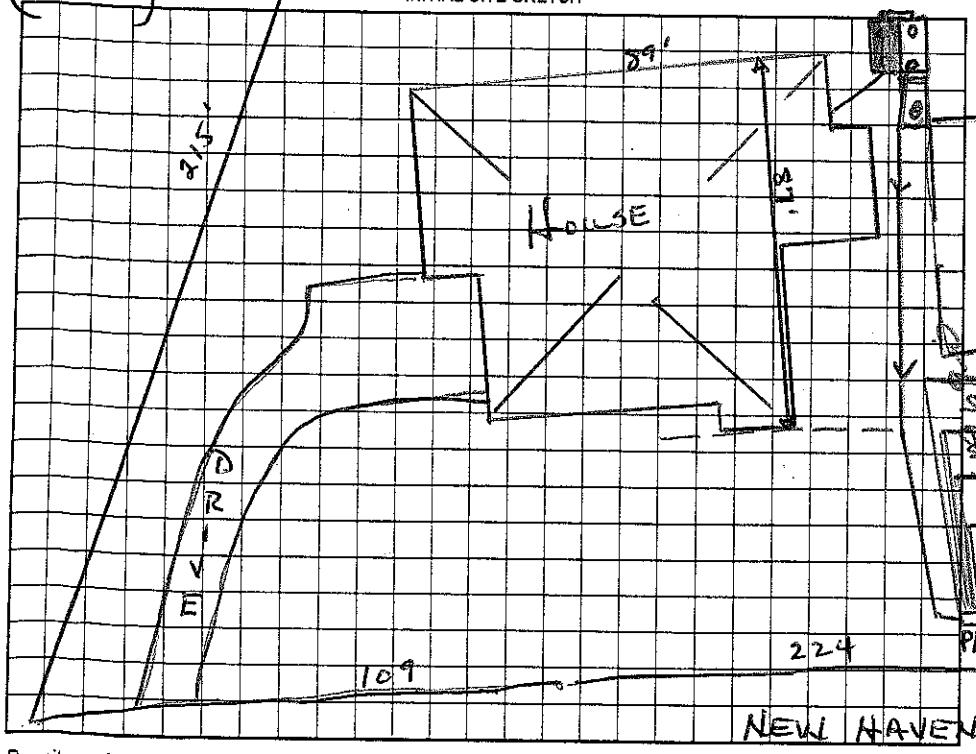
Water Supply: [ ] Individual [ ] Public [X] Community CL+T

Comments:/Conditions:

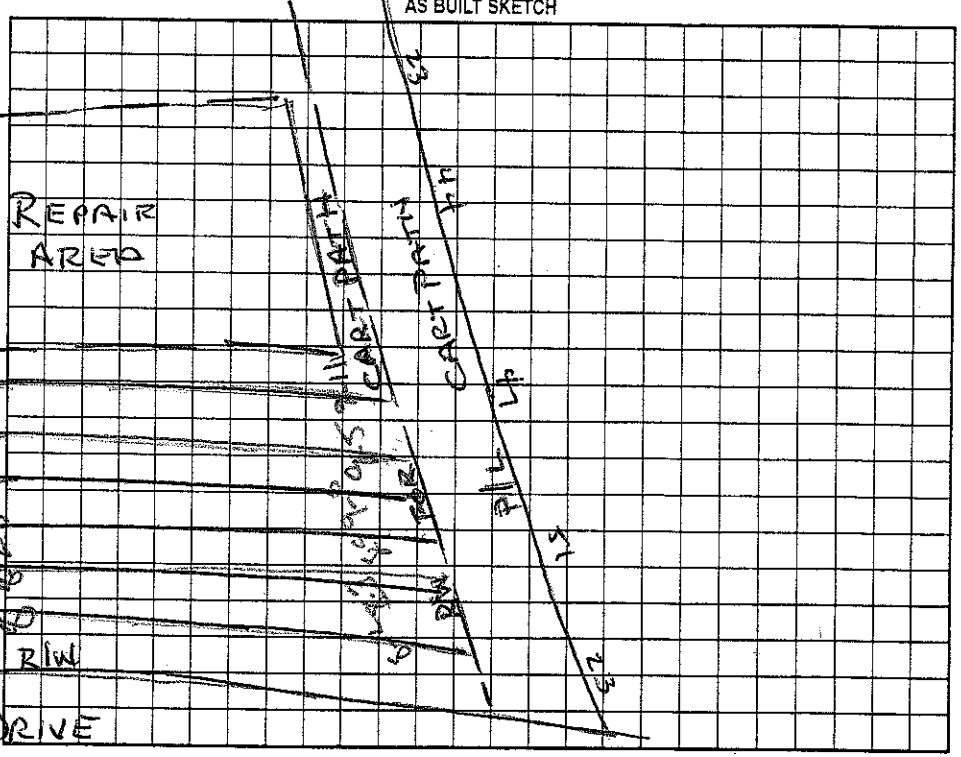
Comments:/Conditions: 7" Feed Line

(1"=40')

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] date 6-23-04 Installed by: Hallman Construction

Improvement Permit by: Wesley Sparks RS. date 6/22/04 Operation Permit by: [signature] RS date 3/7/05

Authorization to Construct by: Wesley Sparks RS. date 6/22/04 Existing System Inspection by: date

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