IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114665 PIN# ~~4625-11-4476~~ 4625701946 DATE 1-5-07

OWNER OR APPLICANT Kingswood Homes PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Point BLOCK / SECTION 12 LOT 225 LOT AREA 1.079Acre SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 11-13-2006
Pump Tank: 1500 Gallons; PT 477 Date 8-12-06
Pump Make: Gouds Model W60512HH Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-35% Reduct
Repair System Description: LP Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons ____ No. Employees ____

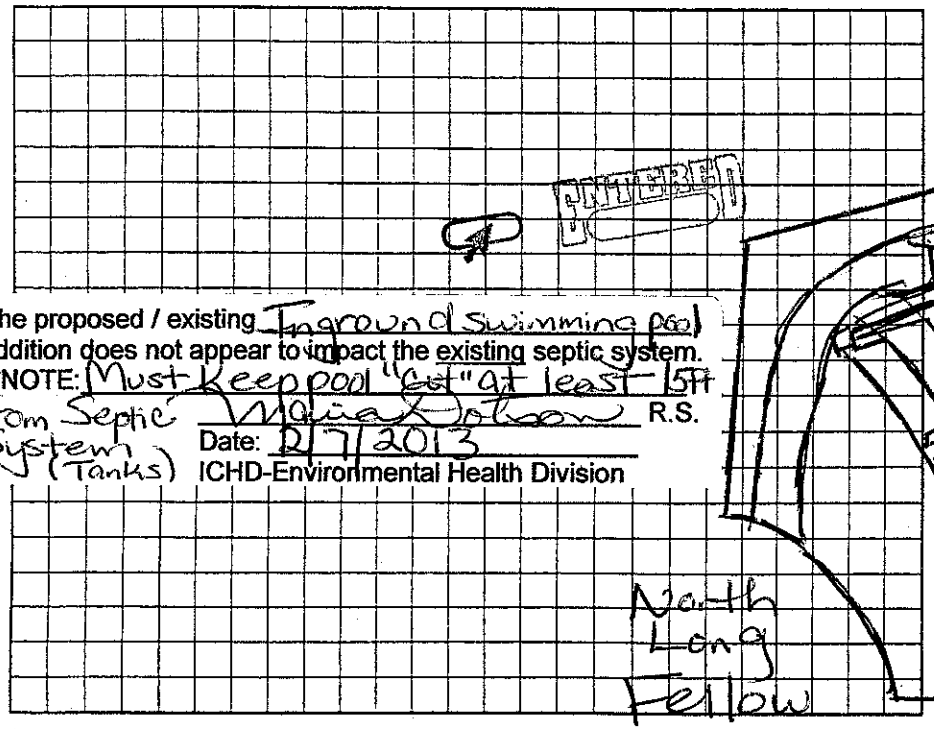
Water Supply: ☐ Individual ☐ Public ☒ Community

☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

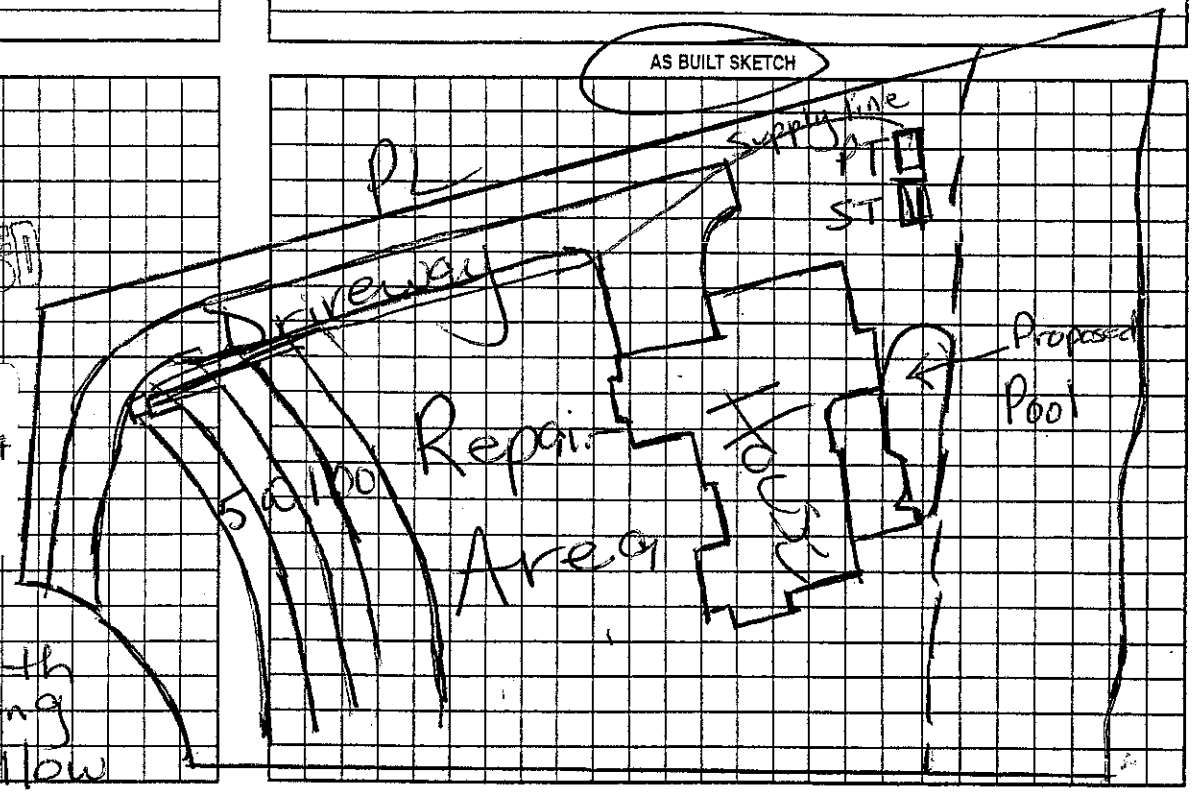
Comments:/Conditions:

Comments:/Conditions: Installed EZ Flow for Drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Inground Swimming pool addition does not appear to impact the existing septic system.
**NOTE: Must Keep pool "Cut" at least 15ft from Septic System (Tanks)
Maria Dotson R.S.
Date: 1/7/2013
ICHD-Environmental Health Division

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 Construction

Improvement Permit by: _____ date _____ Operation Permit by: Maria H Dotson RS date 1/5/07

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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