IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 330.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 090701 PIN# 4625594168.4 4625747345 DATE 12/9/03

OWNER OR CONTRACTOR KINGSWOOD HOMES PHONE: Business _____ Home _____

ADDRESS 8033 CORP DR SUITE 400 CHARLOTTE NC 28226

LOCATION BRAWLEY SCHOOL - TR STONEWALL - ON RT

SUBDIVISION POINT BLOCK / SECTION 6 LOT 607 LOT AREA 44606ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36 AP/FT

Septic Tank: 1600 Gallons; STB 338 Date 11/11/03
Pump Tank: 1000 Gallons; PT 29 Date 11/10/03
Pump Make: Goulds Model ~~WE0 512 HHH~~ Serial No. F035L311
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

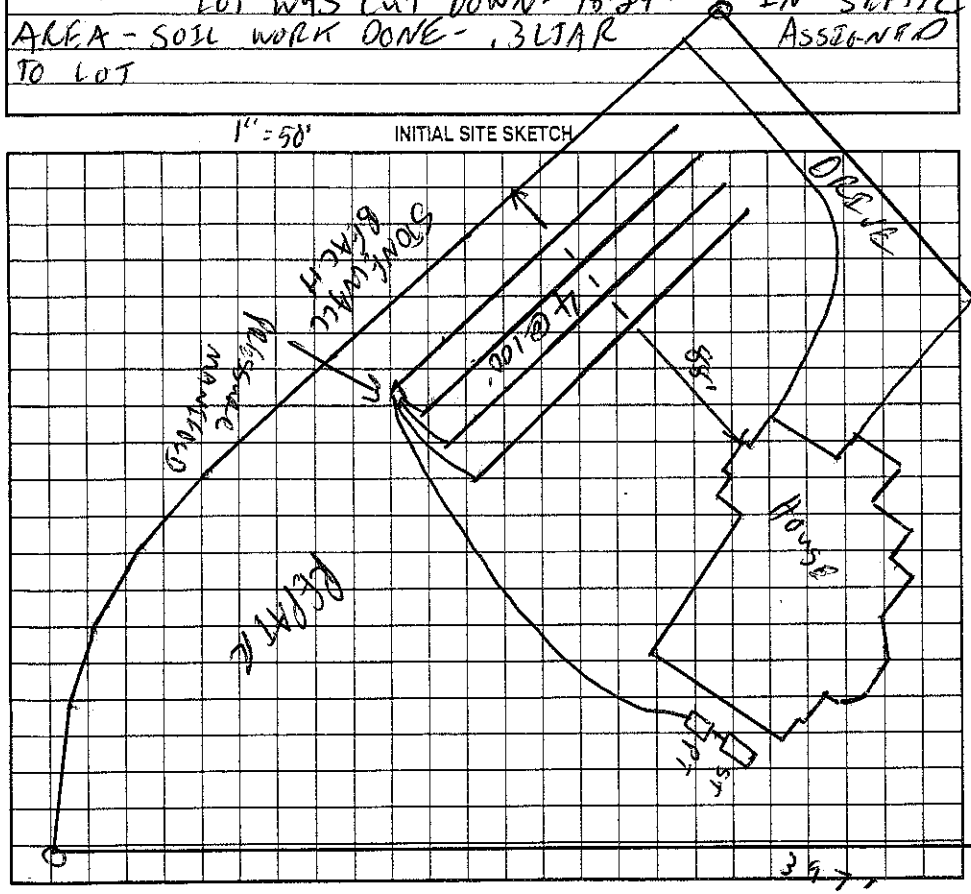
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

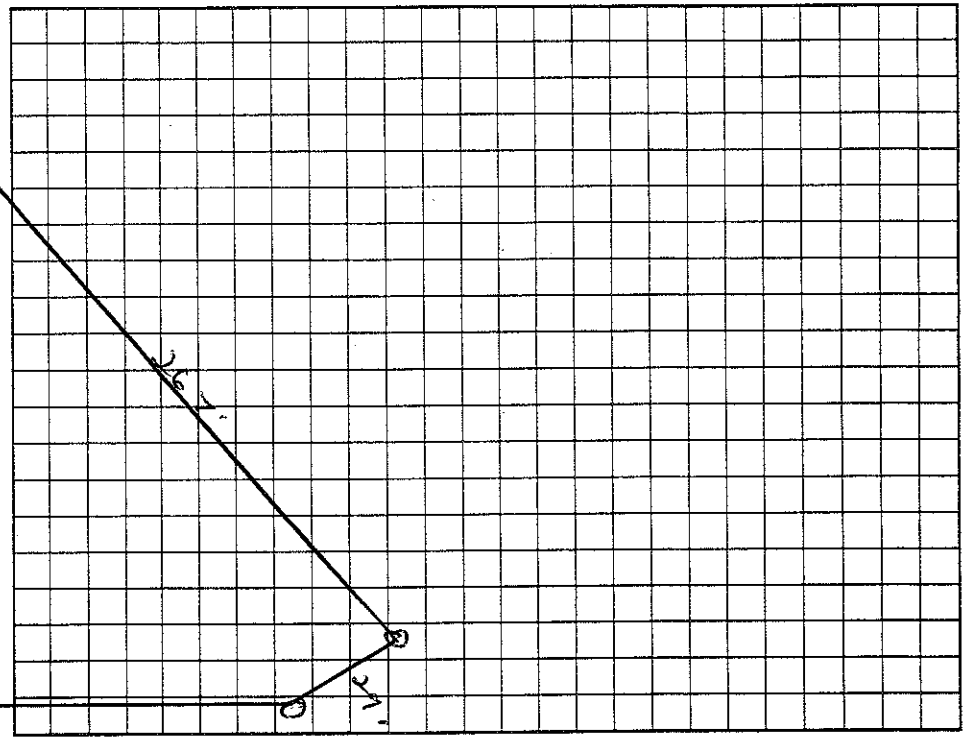
Comments/Conditions: LOT WAS CUT DOWN- 18-24" IN SEPTIC AREA - SOIL WORK DONE - .3LTAR ASSIGNED TO LOT

Comments/Conditions: 2 Flow Installed

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: _____ date 12-15-03 Installed by: Hallman Const.

Improvement Permit by: _____ RS date 12/9/03 Operation Permit by: _____ date 1/30/04

Authorization to Construct by: _____ RS date 12/9/03 Existing System Inspection by: _____ date _____

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