IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 078671 PIN# 4625 94 7684(PT) 4626-80-2911 DATE 11/13/02

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

ADDRESS 8044 Corp Center Dr. Ste 400 Charlotte, NC 28226

LOCATION 1100 Tl Deer Point Dr. Tl Wild Harbor Rd. Tl Coral Bell Ct.

SUBDIVISION Point BLOCK / SECTION 3 LOT 363 LOT AREA 34928 ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 3/4/03
Pump Tank: 1500 Gallons; PT 338 Date 3/21/03
Pump Make: Gould's Model Wee 712 H4 Serial No. 3/11/03
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 6 Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: LP - 25% Reduced
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No
Gravel Depth No

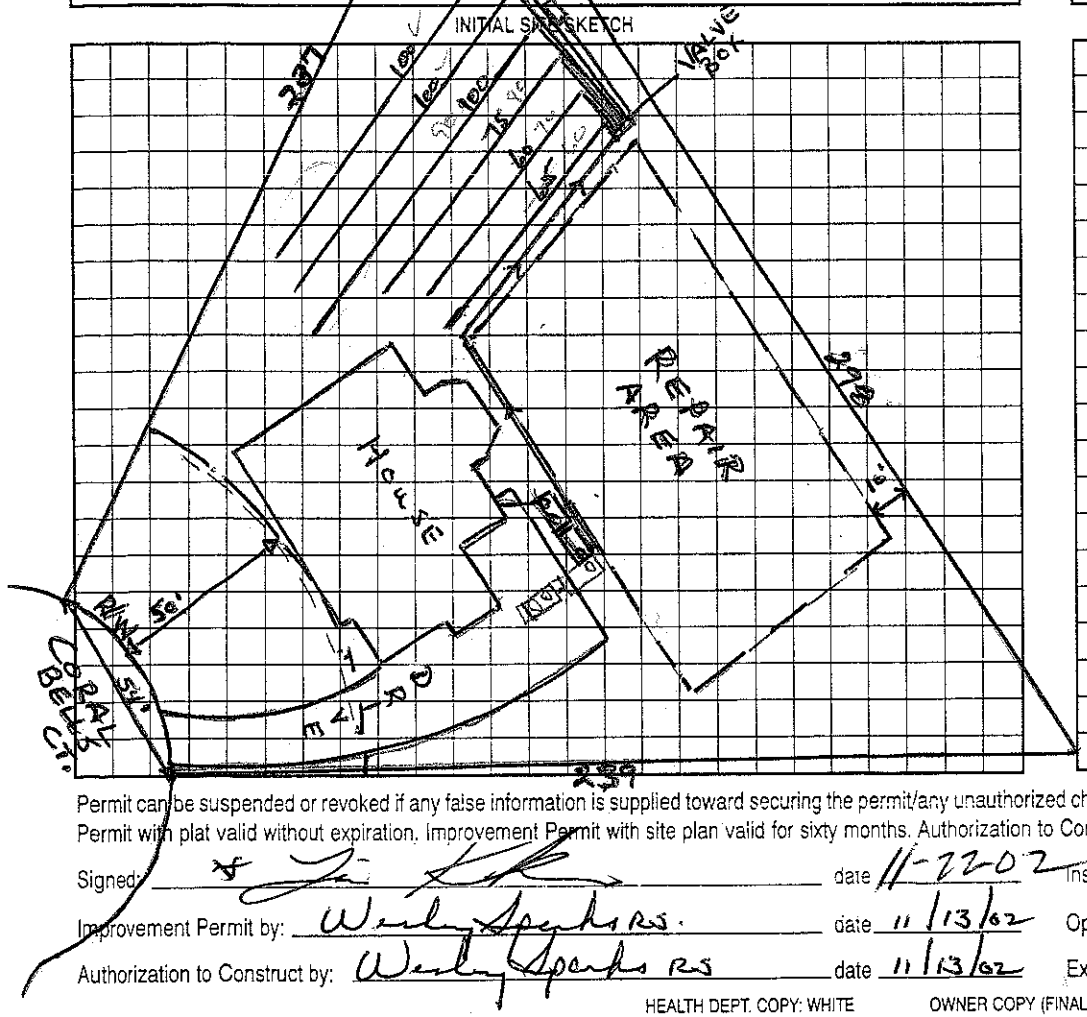
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 4 No. Employees
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: (1"=50') CO337285 DRIVE IS ON Opposite Side

Comments/Conditions: LP Distribution EZ Flow installed

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 11-22-02 Installed by: Hallmon Const.

Improvement Permit by: Wesley Sparks RS. date 11/13/02 Operation Permit by: _____ RS date 5/25/03

Authorization to Construct by: Wesley Sparks RS date 11/13/02 Existing System Inspection by: _____ date _____

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