IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 2-12-03 CI

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

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

PERMIT# 105110 PIN# 4702-84-2340 DATE 7-3-03

OWNER OR CONTRACTOR KINGS FOREST INC PHONE: Business 704-532-6525 Home 704-763-4881

ADDRESS 5551 MONROE ROAD CHARLOTTE NC 28212

LOCATION US 70 WEST, TL EUFOLA ROAD, TR BARBARY DRIVE, LOT ON LEFT BEFORE COPPER CREEK

SUBDIVISION LANSDOWNE BLOCK / SECTION ____ LOT 13 LOT AREA 1.19 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 400 Linear Feet 100

No Lines TWO 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: 25% REDUCTION, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

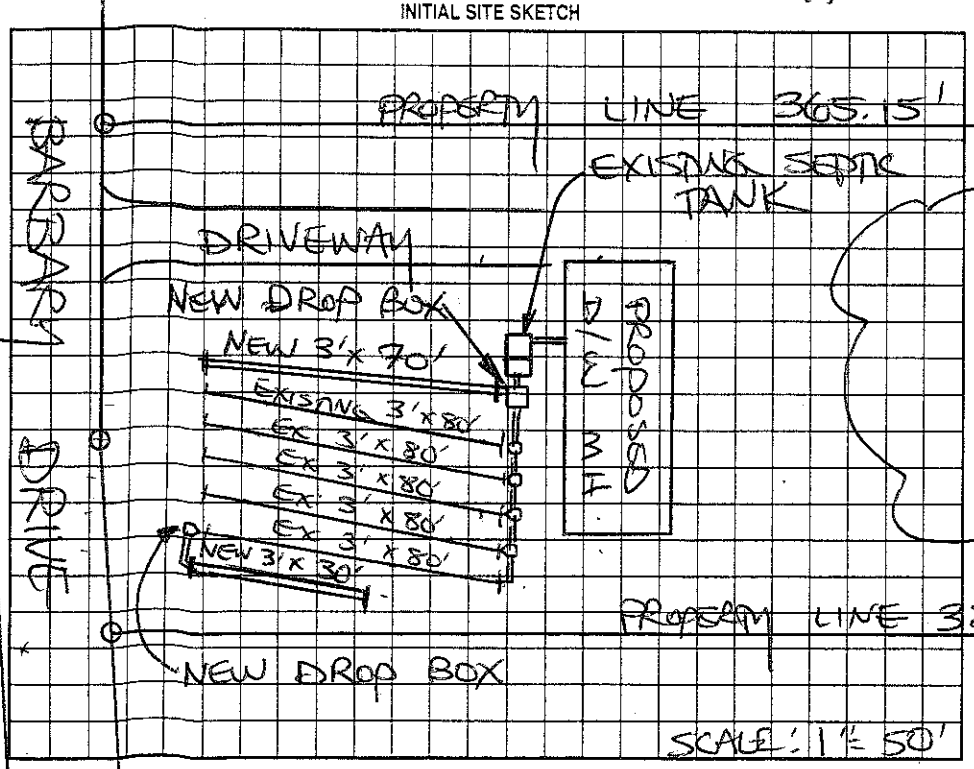
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

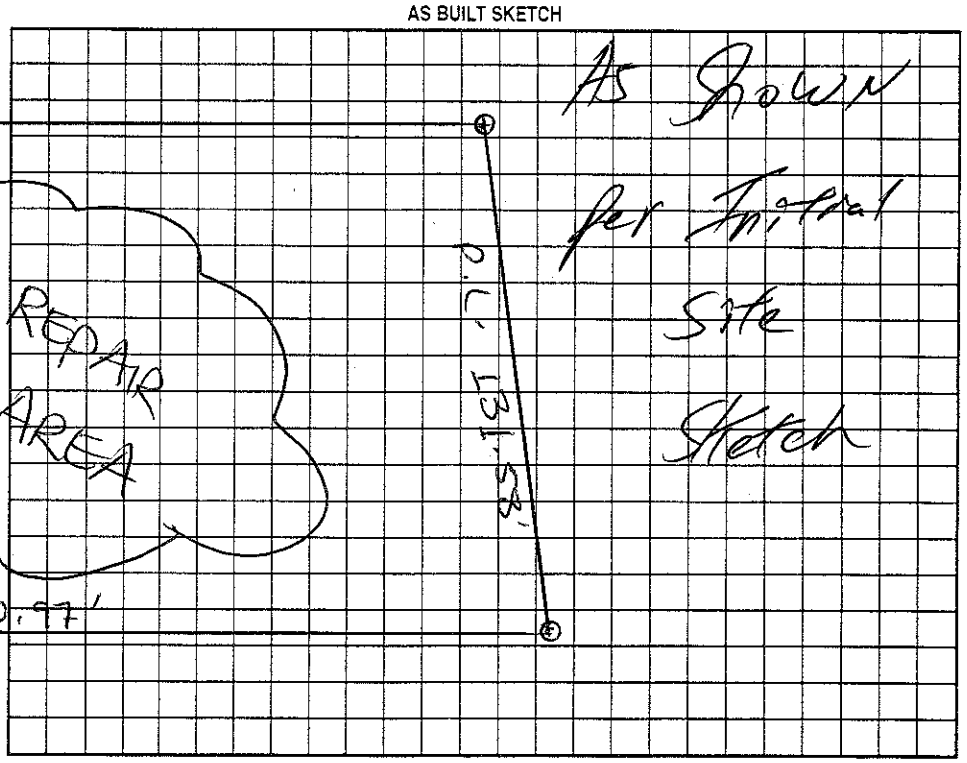
Comments:/Conditions: EXPAND SYSTEM TO ACCOMODATE 4TH BEDROOM BY INSTALLING TWO NEW DROP BOXES AT LOCATIONS SHOWN AND ADDING 3' x 100' 25% REDUCTION DRAINLINE AS FLAGGED.

Comments:/Conditions: 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 7/10/03 Installed by: Craig Thompson

Improvement Permit by: STEVE HEDRICK date 7-3-03 Operation Permit by: William O. Johnson date 7/17/03

Authorization to Construct by: William O. Johnson date 7-10-03 Existing System Inspection by: ____ date ____

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