

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

Permit Number: 310596

IMPROVEMENT PERMIT

PID/Lot Identifier: 223003

Owner: Kathy Bridges Applicant: Dawn Timmon

Property Location: Wright View Dr Kings Mtn. NC 28386

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Property Size: _____

New Expansion System Relocation Change of Use

Facility Type: SINGLE FAMILY DWELLING

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 3 Proposed LTAR (Repair): 3

Proposed Wastewater System Type*: IIb (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: IIb (Repair) Pump Required: Yes No May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW

Saprolite System (Initial): Yes No Saprolite System (Repair): Yes No

Fill System (Initial): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)*: 60 Usable Depth to LC (Repair)*: 34 * Limiting Condition

Max. Trench Depth (Initial)*: 34 Max. Trench Depth (Repair)*: 20 * Measured on the downhill side of the trench

Artificial Drainage Required: Yes No If yes, please specify details: _____

Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Drainfield location meets requirements of Rule .0508: Yes No Drainfield location meets requirements of Rule .0601: Yes No

Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
FOLLOW ALL NC RULES/LAWS. NO DRIVING, PARKING, PAVING, OR GRADING OVER SEPTIC AREA.
DO NOT DIVERT SURFACE WATER OVER OR INSTALL UTILITIES THROUGH SEPTIC AREA.
NEED NEW SURVEY SHOWING PROPERTY LINES RECORDED WITH COUNTY FOR
CONSTRUCTION AUTHORIZATION.

Authorized Agent's Printed Name: ALEXANDER MELWEE Expiration Date: 6/25/25

Authorized Agent's Signature: Alexander Melwee Date: 6/25/24

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH**

SITE SKETCH

PID PORTION OF 223003

Permit Number 310596

LAWN TIMSON

Applicant's Name
Richard Timson, M.D.

Authorized State Agent

WRIGHT VIEW DR

Subdivision/Section/Lot Number
6125124

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

