Start 2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

10:30

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

PERMIT# 104447 PIN# 4659-92-5352.72 4659829250 DATE July 10, 02

OWNER OR CONTRACTOR KFS Investments / ES Johnson Const. PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd - Mooresville 28117

LOCATION 115-21N TR Shinnville Rd TL Brookglen Dr. on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 72 LOT AREA .57Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 5-9-04

Pump Tank: 1000 Gallons; PT _____ Date 4-25-04

Pump Make: Zoeller Model M153 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: PM- 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

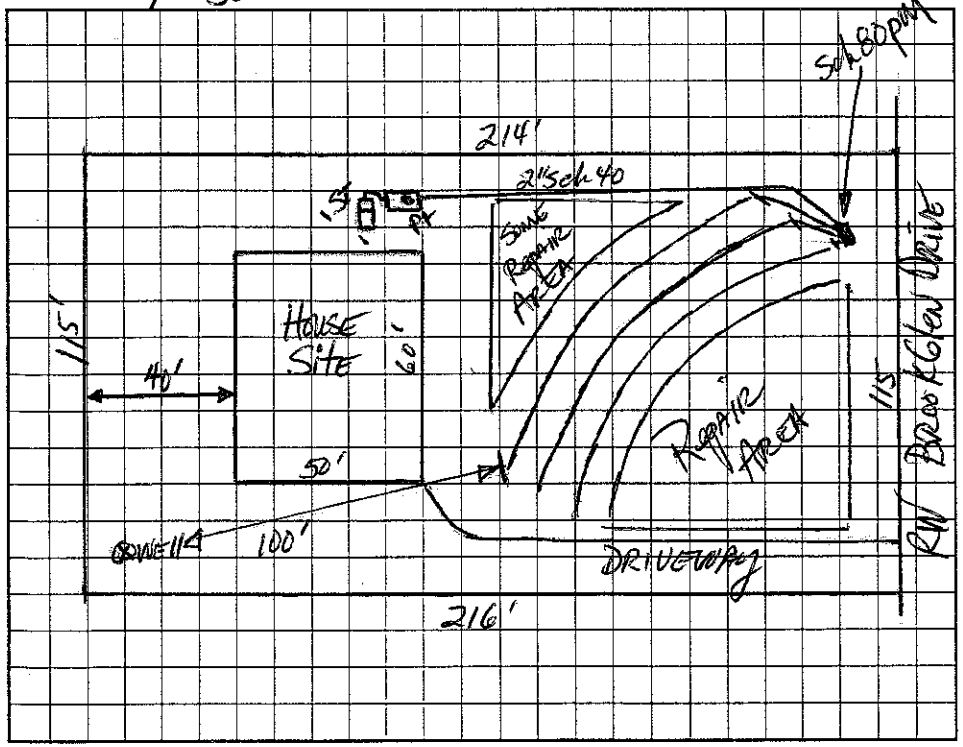
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove any old burms/terraces in septic system area.

Comments:/Conditions Checked tanks, elect. & pressure

INITIAL SITE SKETCH

1"=50'



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 8-9-02

Improvement Permit by: _____ RS date 7-10-02

Authorization to Construct by: _____ RS date 3/22/04

Installed by: Willie Christenbury

Operation Permit by: _____ RS date 8/30/04

Existing System Inspection by: _____ date _____

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