12180

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104449 PIN# ~~4659-92-5352.73~~ 4659-82-9335 DATE July 15,02

OWNER OR CONTRACTOR KFS Investments PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N. R Shinnville Rd. TL Brookglen Drive on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 73 LOT AREA .85Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 1-5-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Gravity 25% Reduction

Repair System Description: Same OR LPP/BTS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

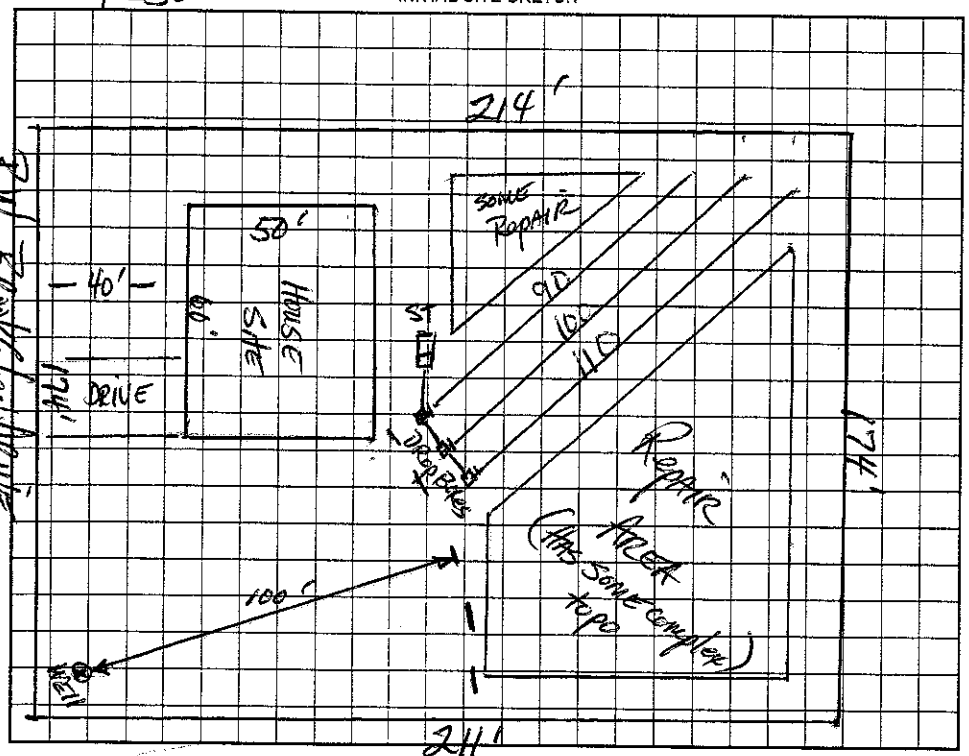
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove old berms in septic system area
Reviewed Building & site plans 10/27/03.
Essentially in compliance with original I.P.
(Drive on other side)

Comments:/Conditions: Well exactly 100' to Drainfield

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

Installed essentially as Drawn

EZ Flow Drainfield

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 8-5-02 Installed by: Willie Christenbury

Improvement Permit by: Mark R Hayes RS date 7-5-02 Operation Permit by: Maria H H Dotson R.S. date 2/10/04

Authorization to Construct by: Maria H H Dotson R.S. date 10/27/03 Existing System Inspection by: _____ date _____

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