IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSP.

PERMIT# 104454 PIN# 4659-92-5352, 75 4659-82-9525 DATE July 15, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business Home

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-24 N TR Shinnville Rd TL Brookglen Dr. on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 75 LOT AREA 1.21 Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 10/2 Date 12/28/02

Pump Tank: 1000 Gallons; PT 17 Date 5/30/03

Pump Make Gould's Model WE03-11HP Serial No. 504 [illegible] 481

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: pm - 25% Reduction

Repair System Description: LPP with French Drain

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

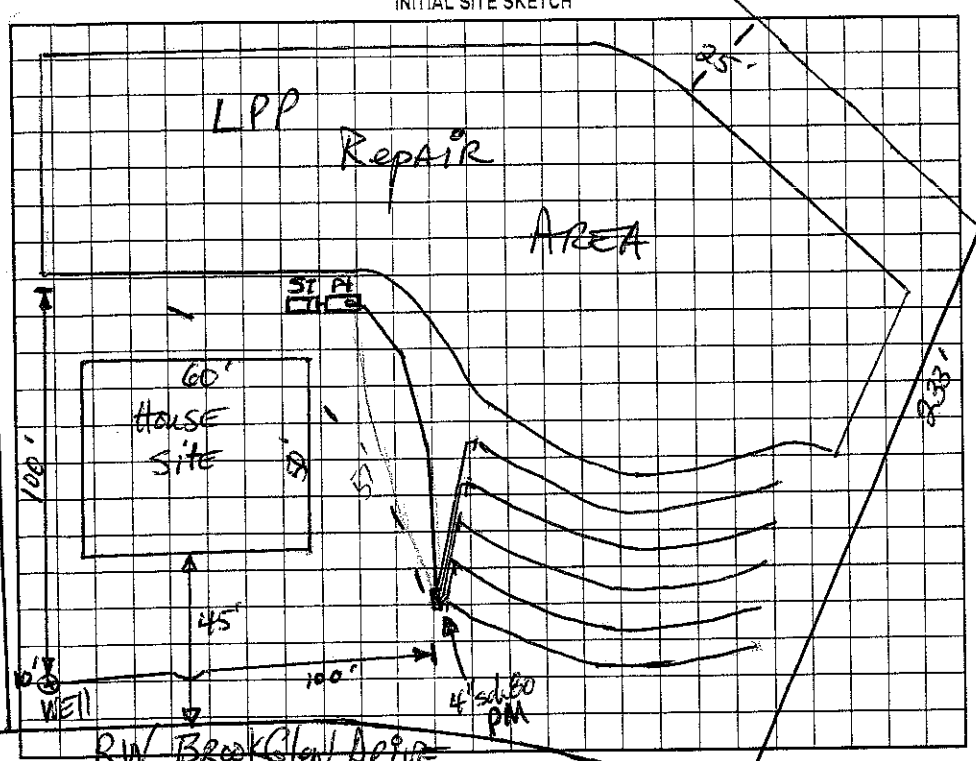
Comments:/Conditions: 1"=50' Remove old Burms in System AREA

170' 124' DRAINAGE DITCH

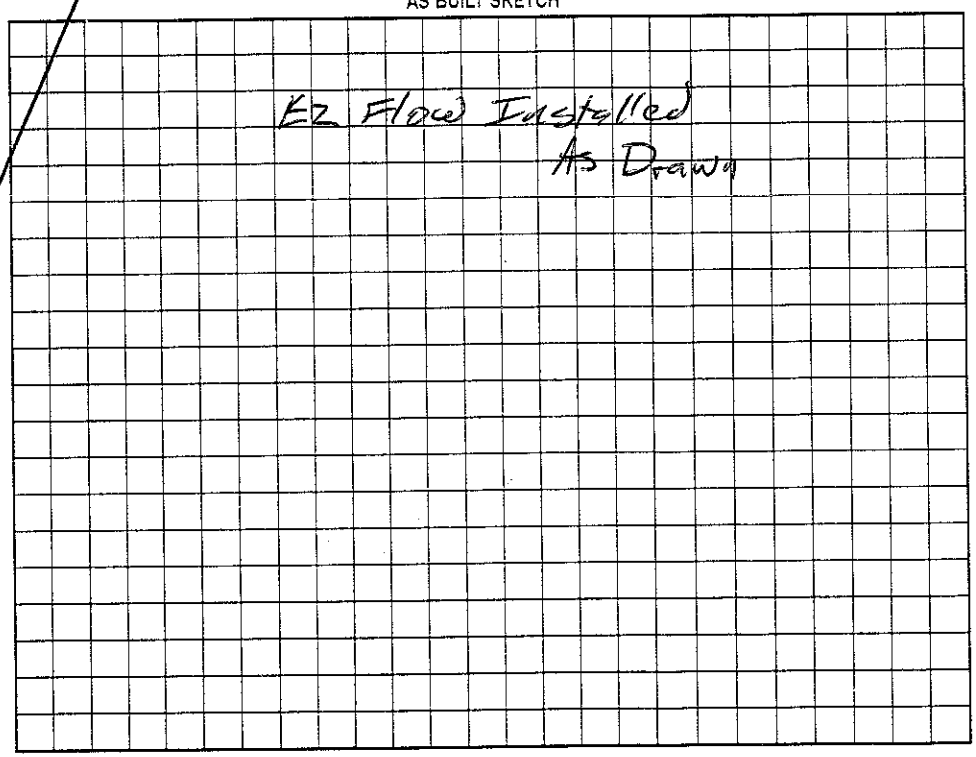
Comments:/Conditions: Tanks, lines & pressure Checked 7/8/03 by GM

Electricals Alarm 10/21/03 MD

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 6-9-02

Improvement Permit by: RS date 7-15-02

Authorization to Construct by: RS date 3/27/03

Installed by: Tommy Frye R.S.

Operation Permit by: Mona Dotson date 10/21/03

Existing System Inspection by: date

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