IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104433 PIN# ~~4659-92-5352.64~~ 4659-91-3293 DATE July 8, 02

OWNER OR CONTRACTOR KFS Investments / E.S. Johnson PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Lane, Mooresville 28117

LOCATION 115-21N. TR Shinnsville Rd TL Brook Glen Drive on left

SUBDIVISION Brook Glen BLOCK / SECTION 2 LOT 64 LOT AREA 1.09 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1082 Date 8/5/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

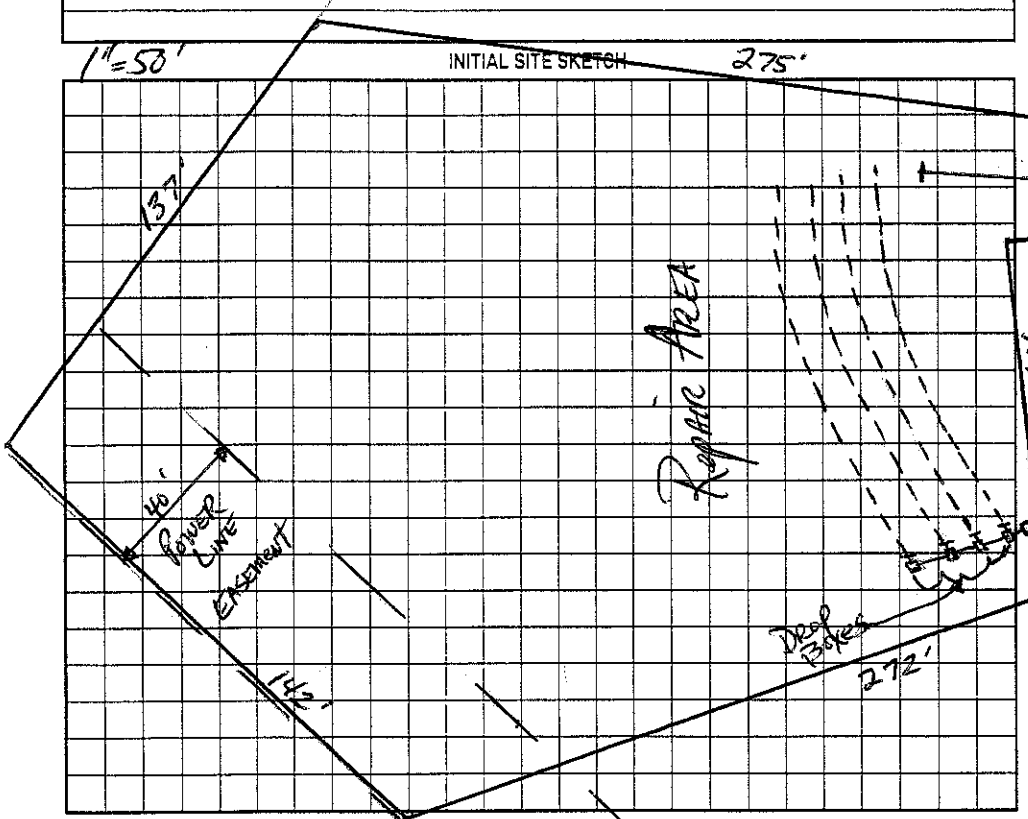
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

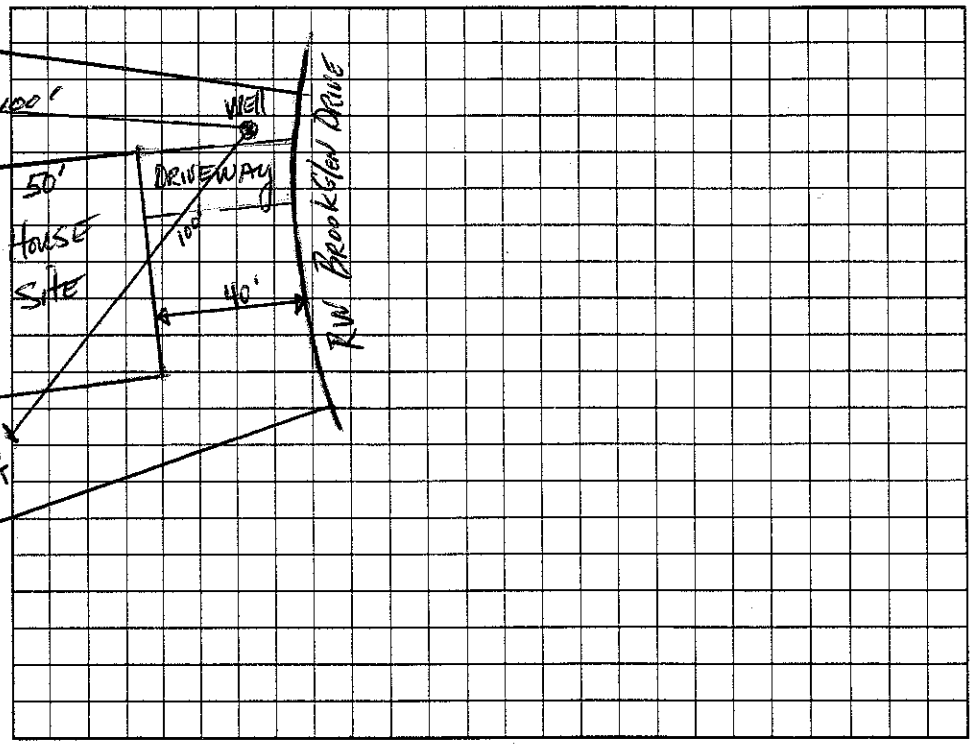
Comments:/Conditions: Remove any old stumps / terraces in septic/septer area.

Comments:/Conditions: Reviewed building plans 10/8/02 MD. 3 Bedrooms plus bonus room with no bathroom upstairs. MD

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 Installed by: Tommy Fry

Improvement Permit by: [signature] RS date 7-8-02 Operation Permit by: [signature] RS date 2/14/03

Authorization to Construct by: [signature] RS date 10/8/02 Existing System Inspection by: _____ date _____

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