IREDELL COUNTY HEALTH DEPARTMENT

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

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

12:00

PERMIT# 104630 PIN# ~~4659-92-5352.99~~ 4659-91-5920 DATE July 23, 02

OWNER OR CONTRACTOR KFS Investments / Calkins Construction PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N TR Shinnsville Rd TL Brookglen Drive cross creek Bear left on Right

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 99 LOT AREA .84 Ac SITE CLASS 5 DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date 12-30-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1020 Linear Feet 340

No Lines 4@85' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity/pumped 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

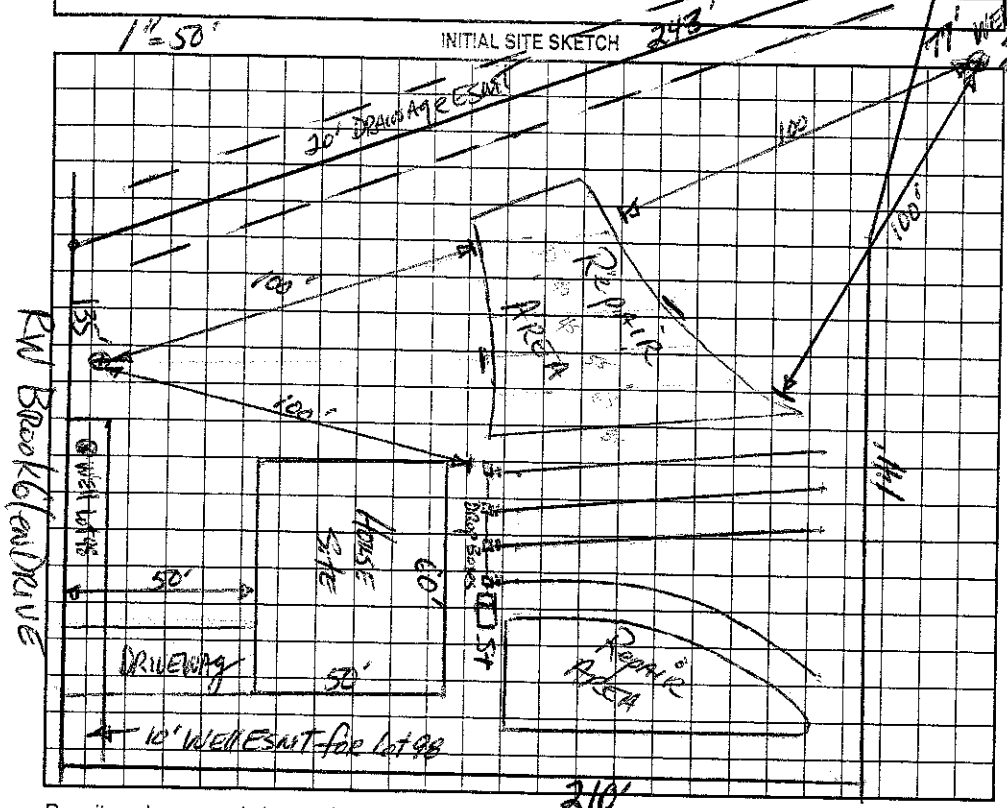
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Remove any old burms / terraces in septic system AREA

Comments:/Conditions: Reviewed Building plans 3/5/04, essentially in compliance with Improvement Permit. JMP

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

Used EZ Flow for Drain Field

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: _____

Improvement Permit by: _____ R.S. date 7-23-02

Authorization to Construct by: _____ R.S. date 3/5/04

Installed by: Willie Christenbury

Operation Permit by: _____ R.S. date 5/7/04

Existing System Inspection by: _____ date _____

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