# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104626 PIN# 4659-92-5352.97 ✓4659914633 DATE July 22, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business Home

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N. TR Statesville Rd TL Brookdew Dr. cross creek Bear left on right

SUBDIVISION ✓Brookdew BLOCK / SECTION 2 LOT 97 LOT AREA .60 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 194 Date 2-23-04

Pump Tank: 1000 Gallons; PT 283 Date 2-8-04

Pump Make: Zoeller Model 153 Serial No.

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM - 25% Reduction

Repair System Description: Stone

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

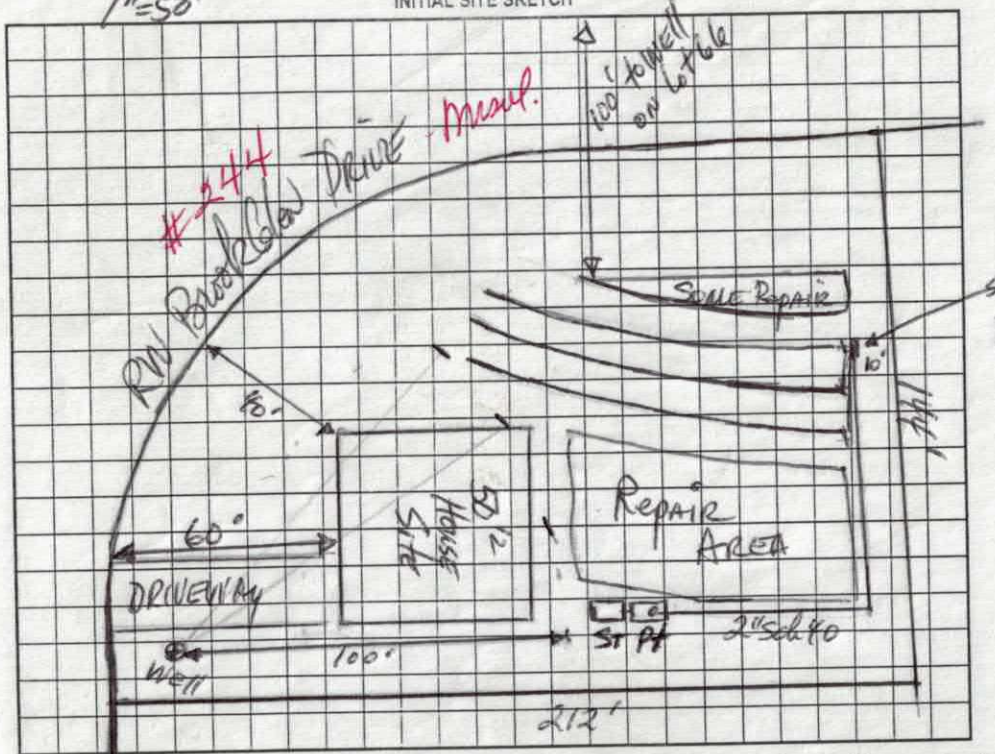
Comments:/Conditions:

Remove any old burms/terraces in septic system area.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed EZ Flow Drain field See "As Built"

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 7-22-02

Authorization to Construct by: RS date 7/9/03

Installed by: Willie Christenbury RS date 5/13/04

Operation Permit by: date

Existing System Inspection by: date

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

Site address: 244 Brook Glen Drive

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104626 PIN# 4659925352 14633 DATE 5/13/04

OWNER OR CONTRACTOR Calkins Construction PHONE: Business _____ Home 892-1383

ADDRESS 20468 P Chartwell Ct Rd Cornelius NC 28031

LOCATION Hwy 21 N TR Shinnville TL Brookglen cross Creek bear left on right

SUBDIVISION Brookglen Crossing BLOCK / SECTION _____ LOT 97 LOT AREA .60 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-23-04

Pump Tank: 1000 Gallons; PT 283 Date 2-8-04

Pump Make: Zoeller Model 153 Serial No. _____

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

No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump - PM 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

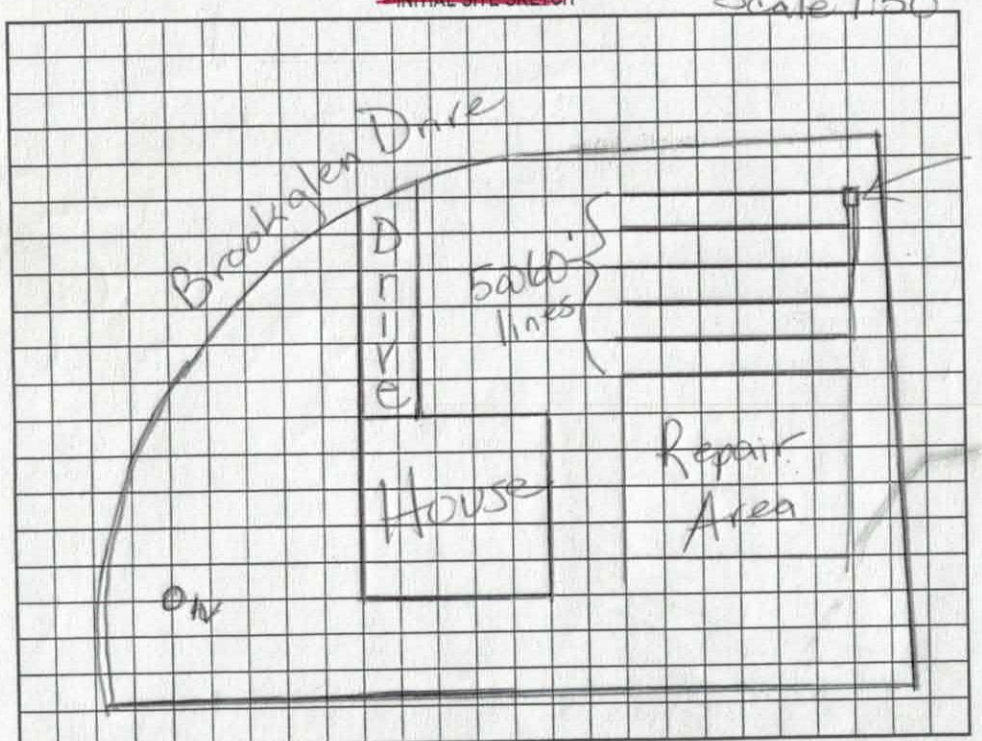
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

~~INITIAL SITE SKETCH~~ Scale 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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: Maria H Dotson date 5/13/04

Existing System Inspection by: _____ date _____

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-9-02
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 97 Phs 2 Brookglen PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LAND-SCAPE POSITION/ SLOPE % | HORI-ZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | 0-9 | compacted c/cl vfi | | | | | | .3 |
| | | 9-31 | wk sbk rcl | fri sap fr sss p | | | | | 79" |
| | | 31-60 | wk sbk yr cl | common lens sil sap fr sss p | | | | | |
| 2 | | 0-20 | mwk sbk rcl | fr sss p fri sil sap @ 11"+ | | | | | .3 |
| | | 20-63 | wk sbk yr l sap | fr sss p | | | | | |
| 3 | | 0-8 | compacted cl | fi-vfi | | | | | .3 |
| | | 8-34 | sbk rcl | fr sss p law-common sil sap | | | | | 78" |
| | | 34-63 | wk sbk r l sap | fr sss p | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

244 Brook Glen Dr.

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: 20468-P

| Lyle Calkins | 704-892-1383 | Chartwell Ct. Dr. | Cornelius | N.C. | 28031 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| KFS Investments | 149 Yacht Cove Ln. | Mooresville | N.C. | 28117 |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| Brook Glen | 97 | 2 | |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| Private Well | | |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property 21 North To Rt on Shinville Rd To Left on Brook Glen

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab X Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

7/2/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**
**Site Plan Form**

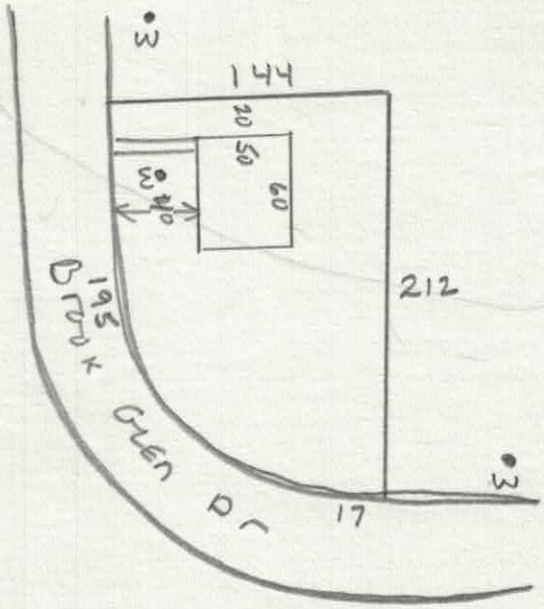
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INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

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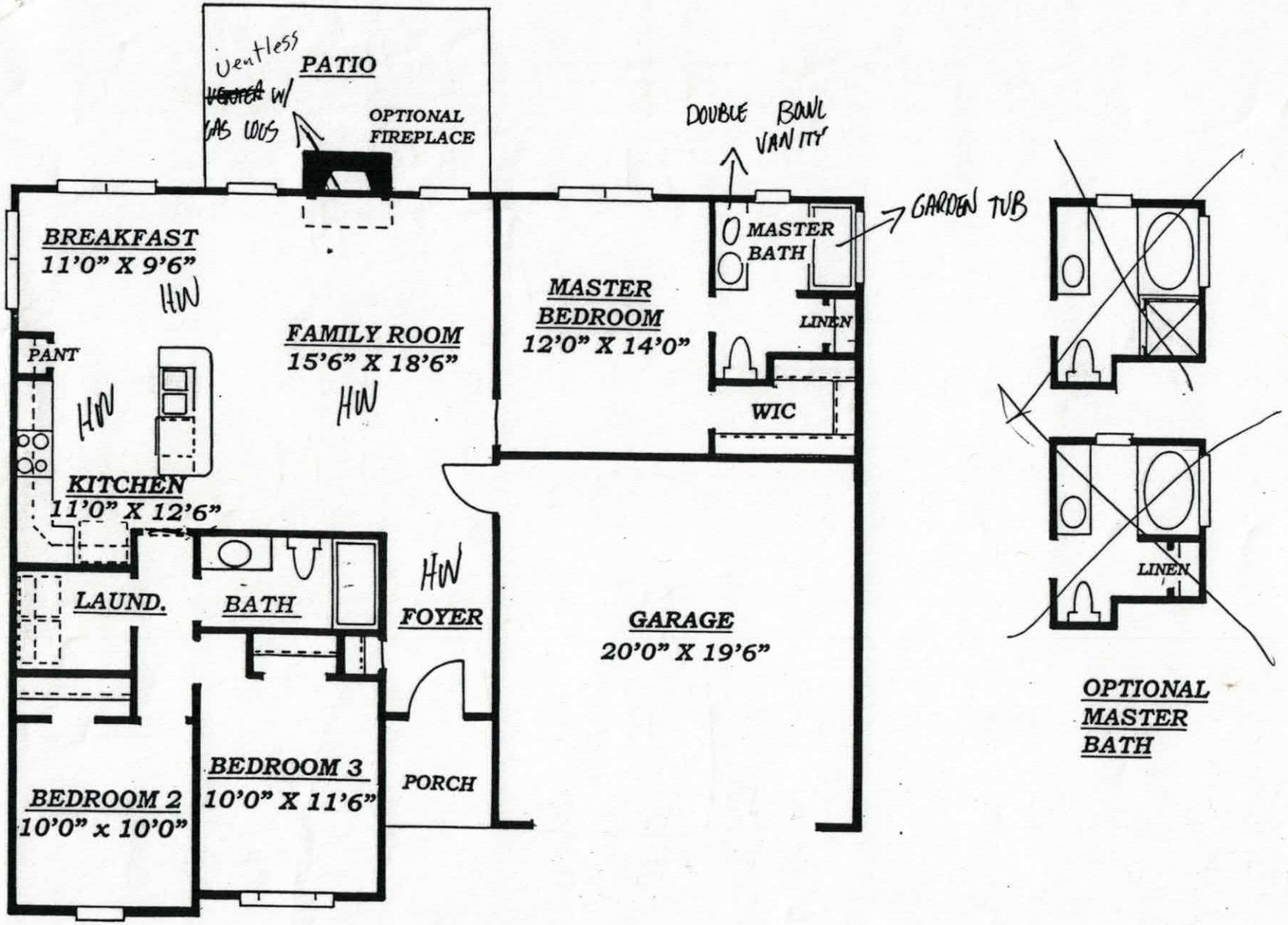
**As Close To Scale As Is Possible:** 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.




Lot 97

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

1.18.02 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT




# FLOOR PLAN

CEDAR BROOK 'B'

**Iredell County**
**Planning & Enforcement**
**227 S. Center St. PO Box 788**
**Statesville, NC 28687**
**704-878-3113**


Printed: 1/28/2002

## Zoning Permit

**Permit Number:** 104626ZO

**Master #:** 104626

**Associated Permits:**
104626ZO Zoning

### Applicant

**Name:** KFS Investments
**Address:** 149 Yacht Cove Ln
Mooresville, NC 28117
**Phone:** 704-664-3671

### Parcel

**Parcel Number:** 4659-92-5352.97
**Address:** Brook Glen Dr.
Mooresville, NC 28115
**Subdivision:** Brook Glen Ph 2
**Zoning:** RA
**Township:** 0300
**Area:** .60
**Lot(s):** 97
**Directions to Parcel:** 115 south, left Shinnville, left Brook Glen, on right

### Owners

**Name:** KFS Investments
**Address:** 149 Yacht Cove Ln
Mooresville, NC 28117
**Phone:** 704-664-3671

### Fees and Receipts:

| Number | Description | Amount |
|---|---|---|
| FEE-26467-02 | Zoning Permit | $35.00 |
| FEE-26468-02 | Environmental Health - Type I or II System | $175.00 |
| | **Total Fees:** | **$210.00** |
| REC-17361-02 | | $210.00 |
| | **Total Receipts:** | **$210.00** |

### Permit Information:

Max Built Upon Area: