IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104430 PIN# ~~4659-92-5352.62~~ 4659-91-6463 DATE July 5, 02

OWNER OR CONTRACTOR KFS Investments / Kyle Calkins PHONE: Business

ADDRESS 149 Yacht Cove Ln. Mooresville NC 28117

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

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 62 LOT AREA .60 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/24/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ 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

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

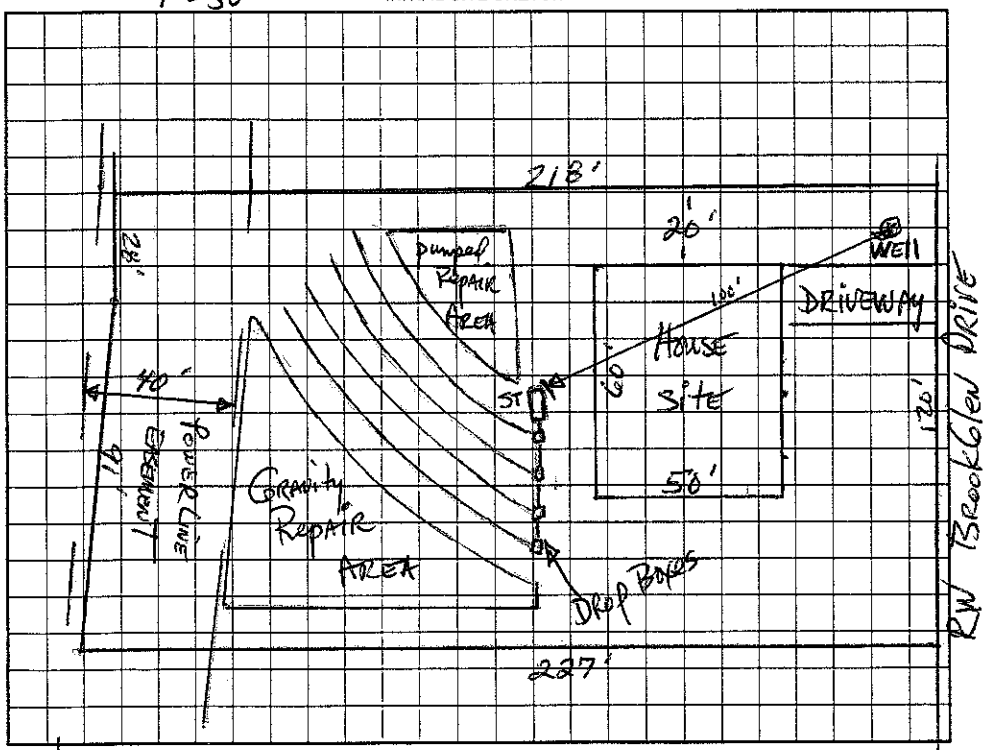
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
Remove any old burma / terraces in septic system area

Comments:/Conditions:

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

E-Z Flow Installed As Drawn

The proposed / existing Sun Porch addition does not appear to impact the existing septic system.
**NOTE: MW 5' From Septic Riser R.S.
Date: APPROVED MAY 02 2014
ICHD-Environmental Health Division

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: Christenbury

Improvement Permit by: ____ date 7-5-02 Operation Permit by: ____ RS date 12-16-03

Authorization to Construct by: ____ RS date 8/11/03 Existing System Inspection by: ____ date ____

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

