IREDELL COUNTY HEALTH DEPARTMENT

STATE... 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 / Lyle Carkins PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville NC 28117

LOCATION 115-21 N. TR Shinnville Rd. TL 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. .03

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

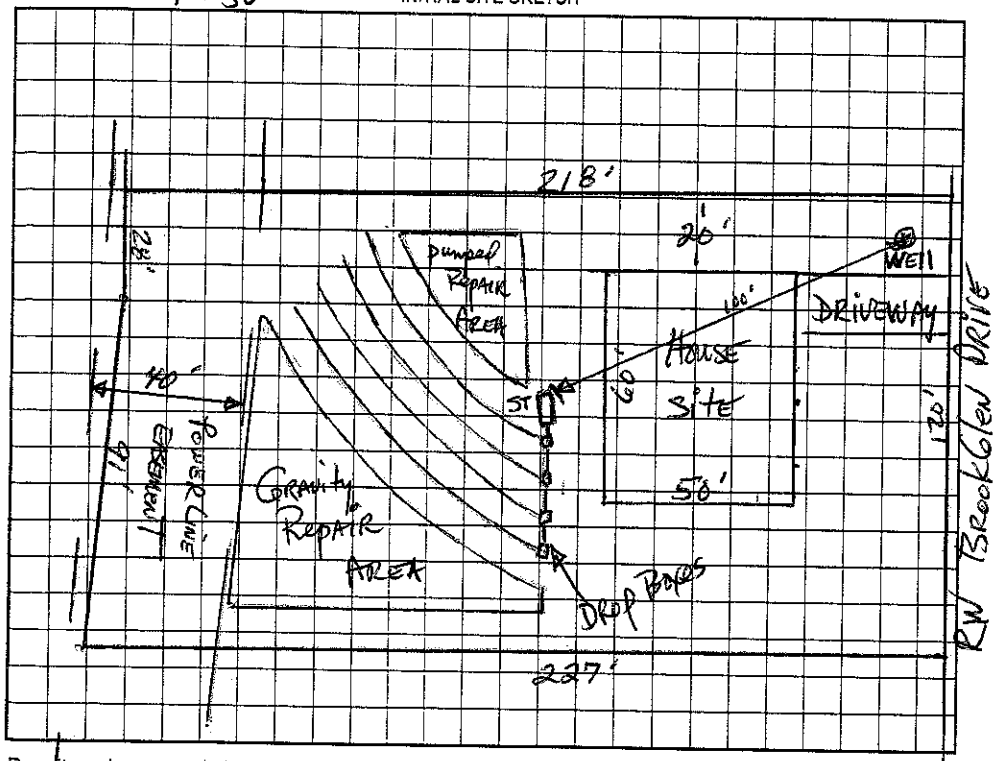
Comments:/Conditions:

Remove any old burma / terraces in septic system area

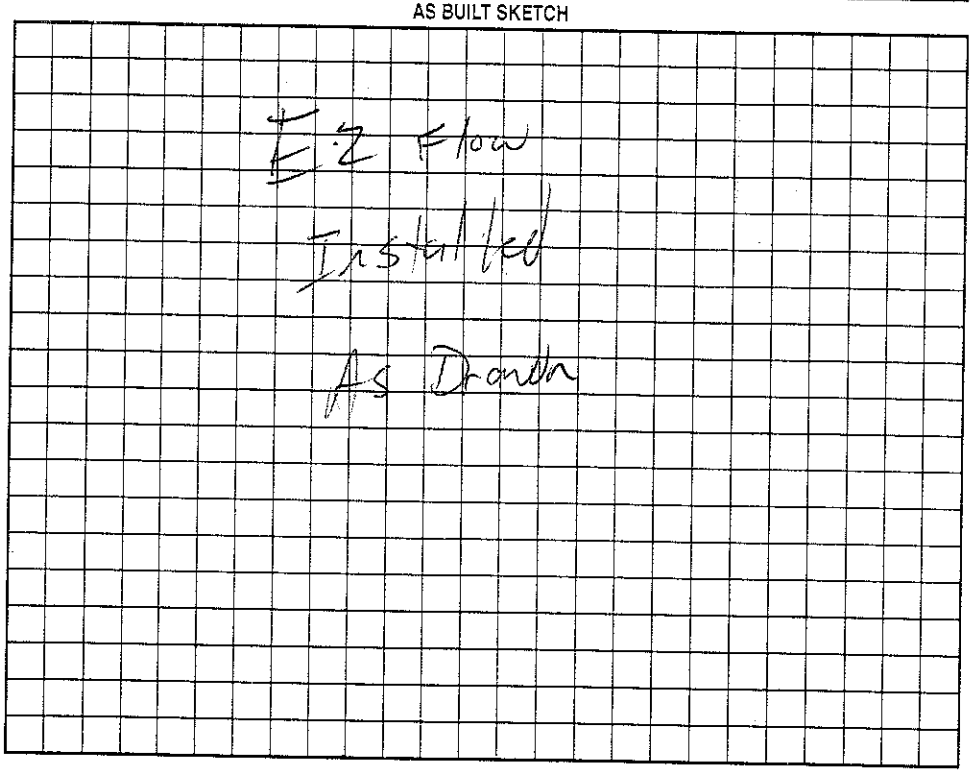
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



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