IREDELL COUNTY HEALTH DEPARTMENT

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

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

2:5-1

PERMIT# 104617 PIN# ~~4659-92-5352~~ 4659-91-4782 DATE July 22, 02

OWNER OR CONTRACTOR KFS Investments / Lexus Homes PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln Mooresville 28117

LOCATION 115-21N TR Shinnville Rd TL Brookglen Dr. cross creek Bear left on Right

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 95 LOT AREA .64 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 312 Date 4-11-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: [redacted] + Gravity 25% Reduction

Repair System Description: Gravity/pumped 25% Red.

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

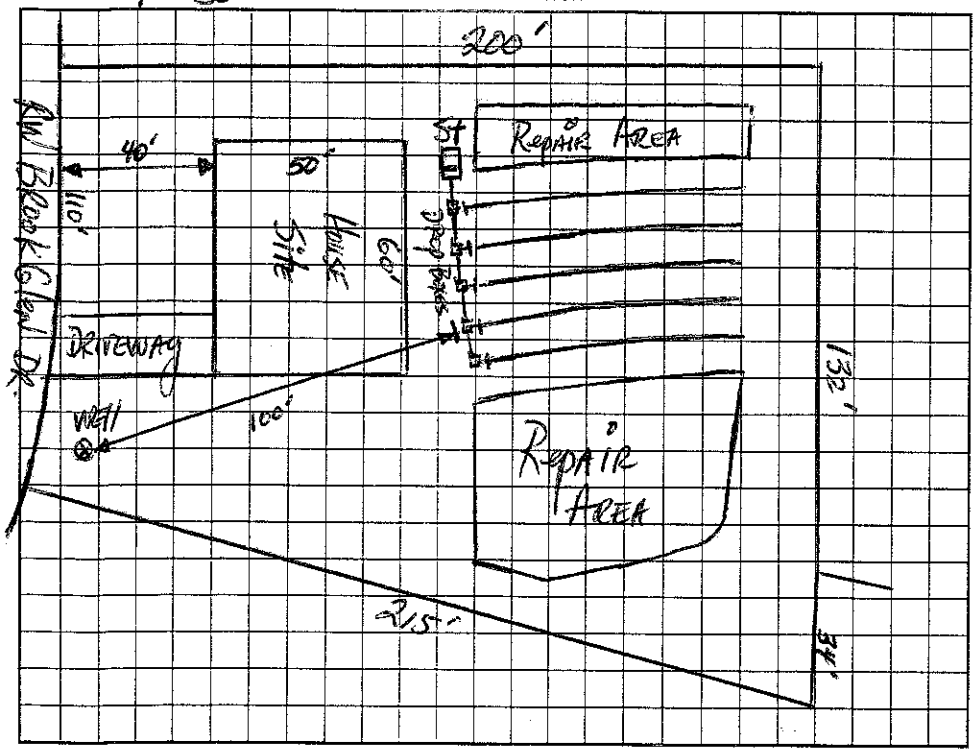
Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments/Conditions: Remove any old burnt/terracen in septic system area

Comments/Conditions: 2/9/02 Renewed Building Plans Essentially in Compliance with IP.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 essentially as Drawn

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: Willie Christenbury

Improvement Permit by: _____ date 7-22-02 Operation Permit by: _____ date 10/8/02

Authorization to Construct by: _____ date 2/9/02 Existing System Inspection by: _____ date _____

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