3.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104658 PIN# ~~4659-92-5352.120~~ 4659-91-7927 DATE July 31, 02

OWNER OR CONTRACTOR KES Investments / KES JOHNSON PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville, NC 28117

LOCATION I-77 N. TR Statesville Rd. TL Brookglen Rd. crossroads bear right TL Middleton on left #113

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 120 LOT AREA .64AC SITE CLASS. 5 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB TCH Date 10-5-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity conventional

Repair System Description: Gravity 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

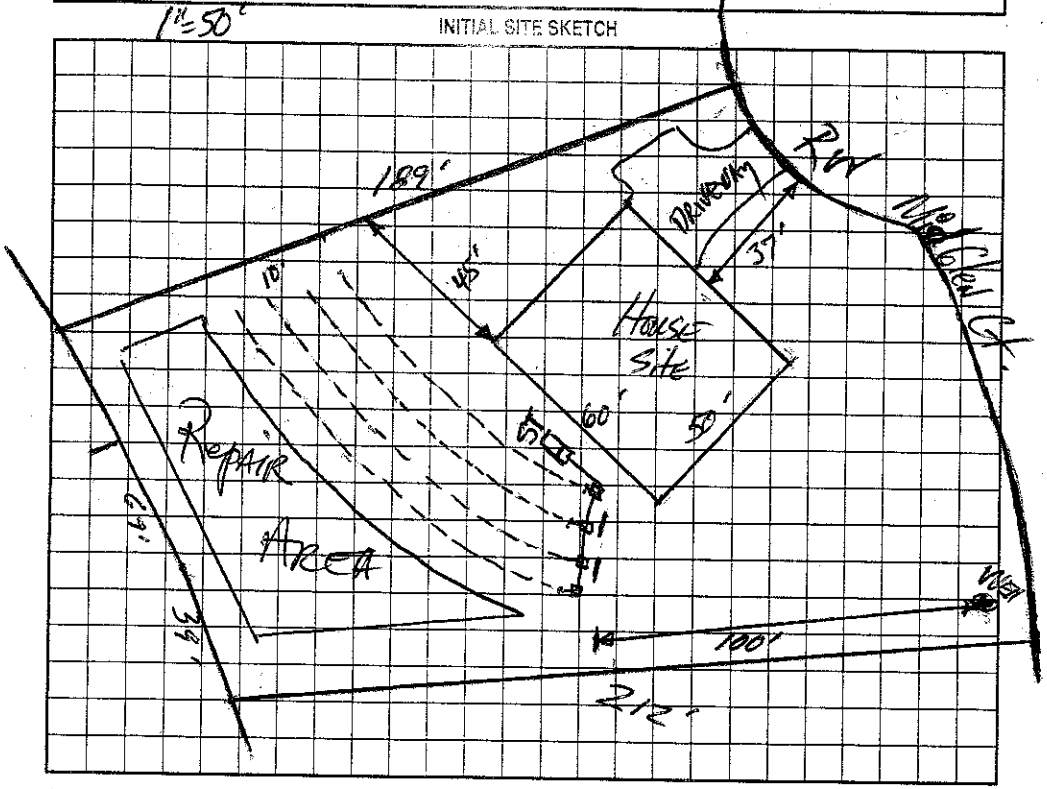
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Grey Filter installed

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn (Gravity - Conv)

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: Mark R. Hunsucker, RS date 7-31-02 Operation Permit by: Maria H. Dolan, RS date 2/24/04

Authorization to Construct by: C. Ly 2 RS date 12/9/03 Existing System Inspection by: _____ date _____

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