IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~104425~~ 122166 PIN# 4659925352.60 4659918028 DATE July 5, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business _____ Home _____

ADDRESS 149 Gaily Cove Ln. Mooresville NC 28117

LOCATION 115-21N TR Statesville Rd. TL BrookGlen DR, on left after crossing creek - behind lot 59 211 BrookGlen Dr.

SUBDIVISION BrookGlen BLOCK / SECTION 2 LOT 60 LOT AREA 2.62 ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 7/16/04

Pump Tank: 1000 Gallons; PT 27 Date 7/11/04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 5@72' Trench Width 36" Max Trench Bottom Depth 28"

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

System Description: PM - 25% Reduction

Repair System Description: LPPBPS above initial sys.

Maintenance Agreement Required: ☐ Yes ☑ No LPP Below Init.

Gravel Depth N/A

☐ 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

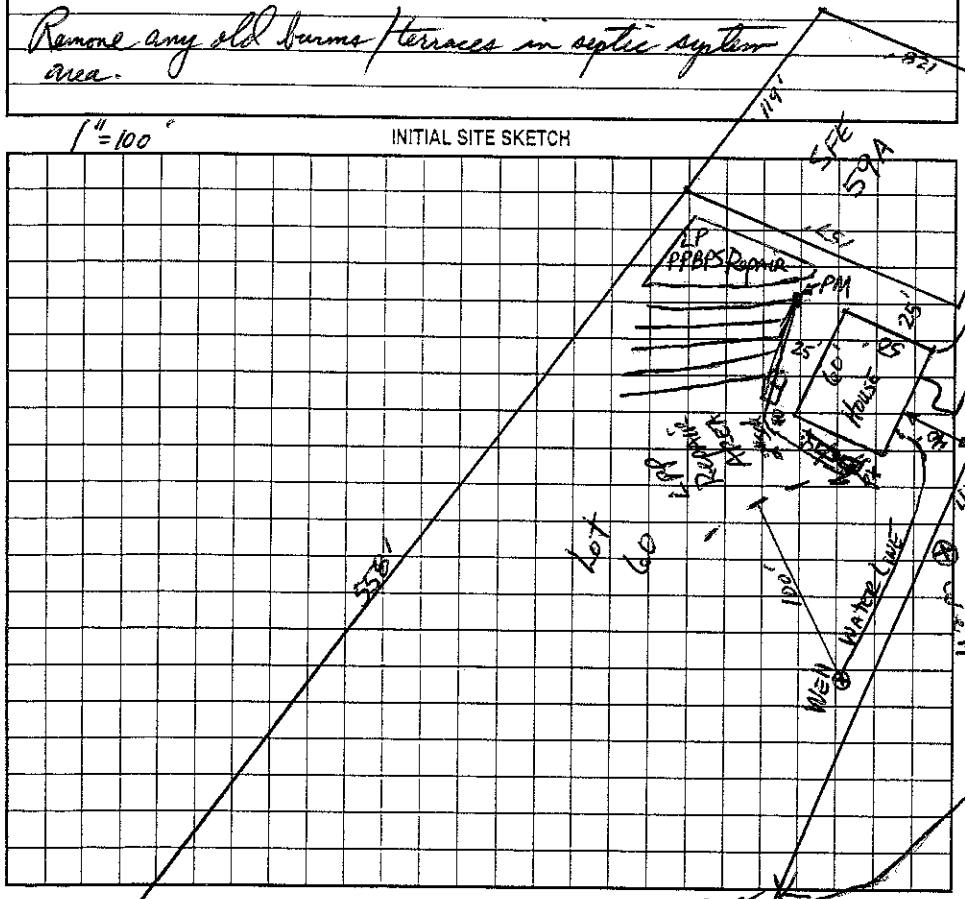
Comments:/Conditions:

Remove any old burms/terraces in septic system area.

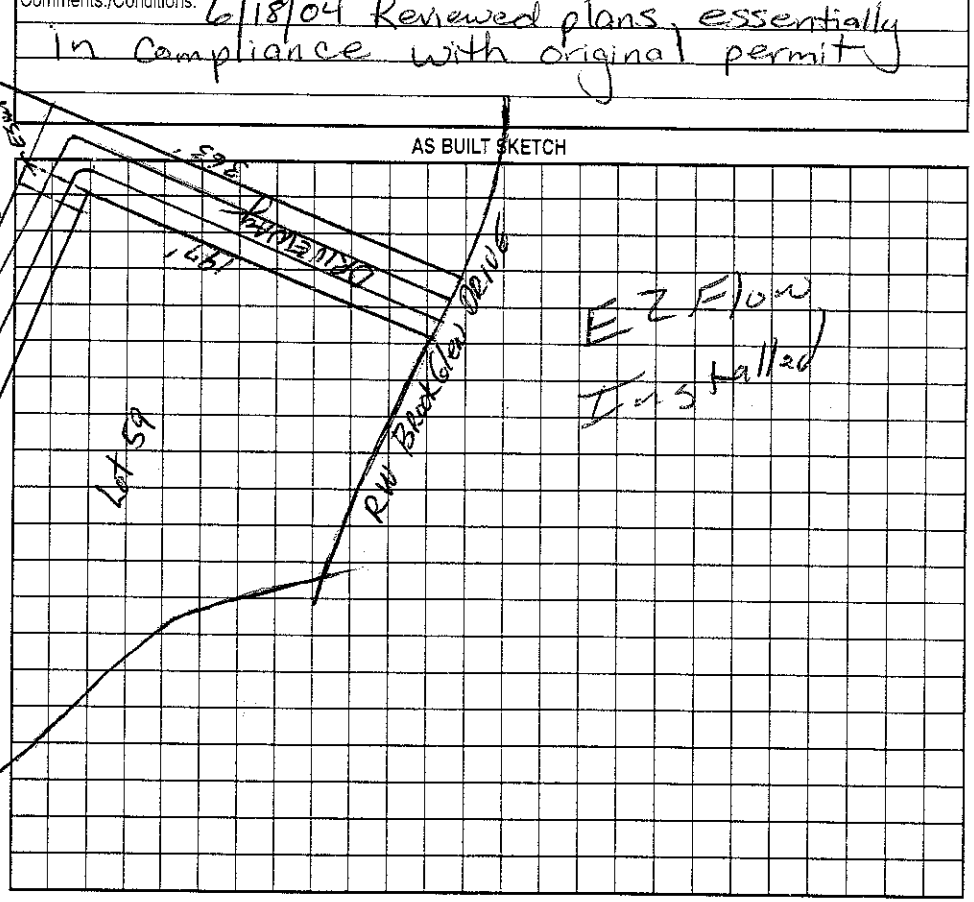
Comments:/Conditions: 6/18/04 Reviewed plans, essentially in compliance with original permit

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward acquiring 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 8.5.02 Installed by: Will Christenbury

~~Improvement~~ Permit by: _____ date 7-5-02 Operation Permit by: _____ RS date 10/18/04

Authorization to Construct by: _____ RS date 6/18/04 Existing System Inspection by: _____ date _____

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