IREDELL COUNTY HEALTH DEPARTMENT

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

2100

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

PERMIT# 104427 PIN# 4659-92-5352.61 4659-91-8531 DATE July 5, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business Home

ADDRESS 149 Yacht Cove Ln. Mooresville NC 28117

LOCATION 115-21 N TR Shinnville Rd. TL Brookglen Drive 2nd left after crossing creek

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 61 LOT AREA 1.29 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-22-02
Pump Tank: 1000 Gallons; PT 27 Date 6-21-03
Pump Make: Zoeller Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

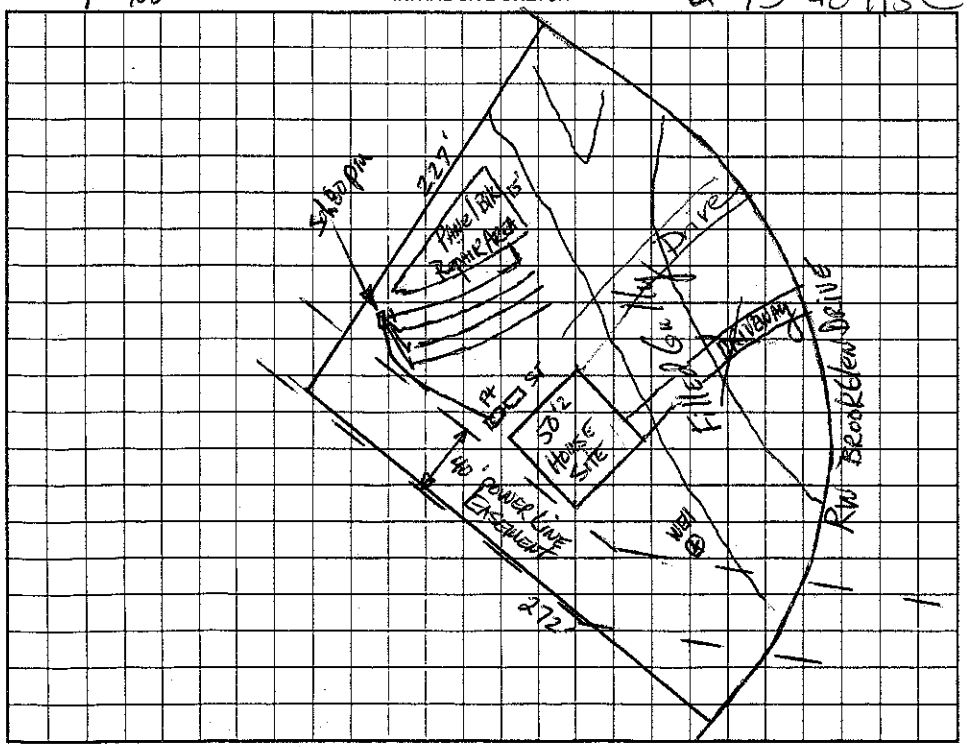
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

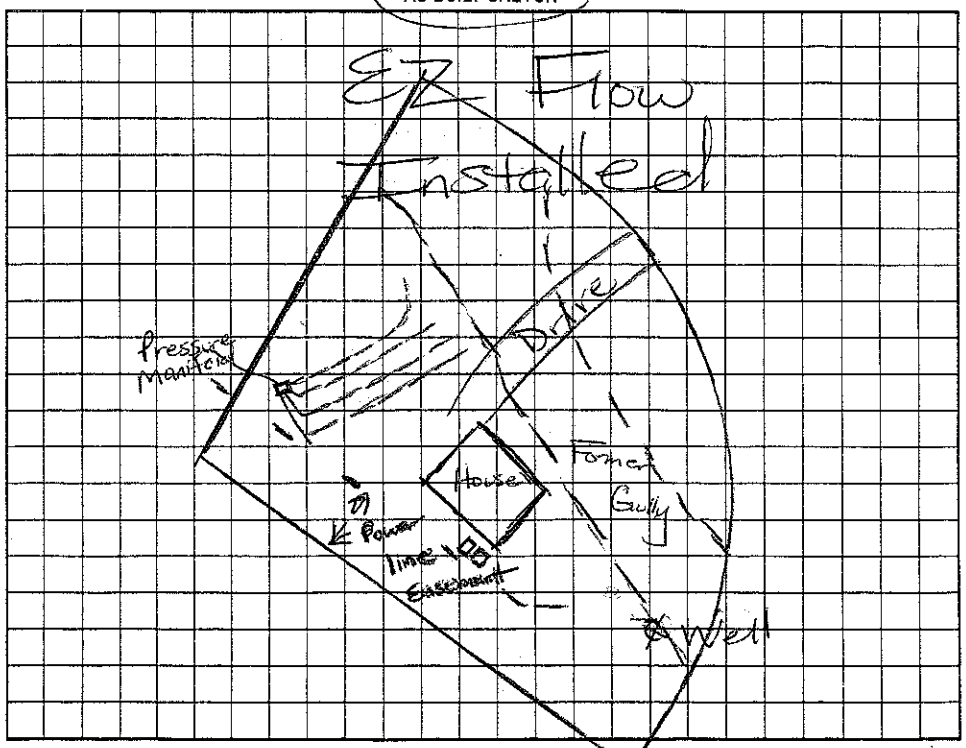
Comments:/Conditions:
Remove any old burma flenaces in septic system area.

Comments:/Conditions: Grey Filter
Checked ~~tanks~~ & lines 8/22/03 MD
Pressure Checked 8/26/03

1"=100' INITIAL SITE SKETCH ≈75' to Hse



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: Willy Christenbury

Improvement Permit by: date 7-5-02 Operation Permit by: AS date 10/6/03

Authorization to Construct by: RS. date 6/17/03 Existing System Inspection by: date

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