IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10465~~ 28243 PIN# ~~4659-92-5352.94~~ 4659918728 DATE July 22, 02

OWNER OR CONTRACTOR KFS Investments / Lyle Calkins PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N TR Shinnville Rd. TL Brookglen Dr. cross creek on Right at first intersection

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 94 LOT AREA .67Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-20-04

Pump Tank: 1000 Gallons; PT 283 Date 5-24-05

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60 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: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ 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:

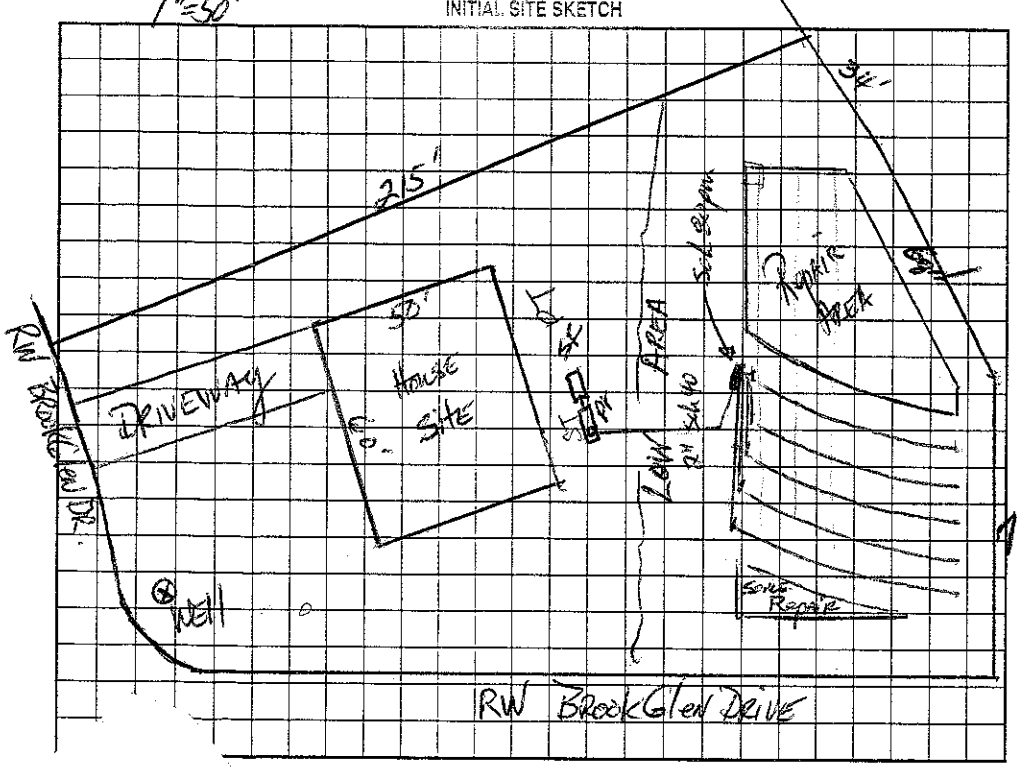
Remove any old burnt wood in septic system area.

Comments:/Conditions: Installed 3-100" Quick 4 — Pressure Manifold

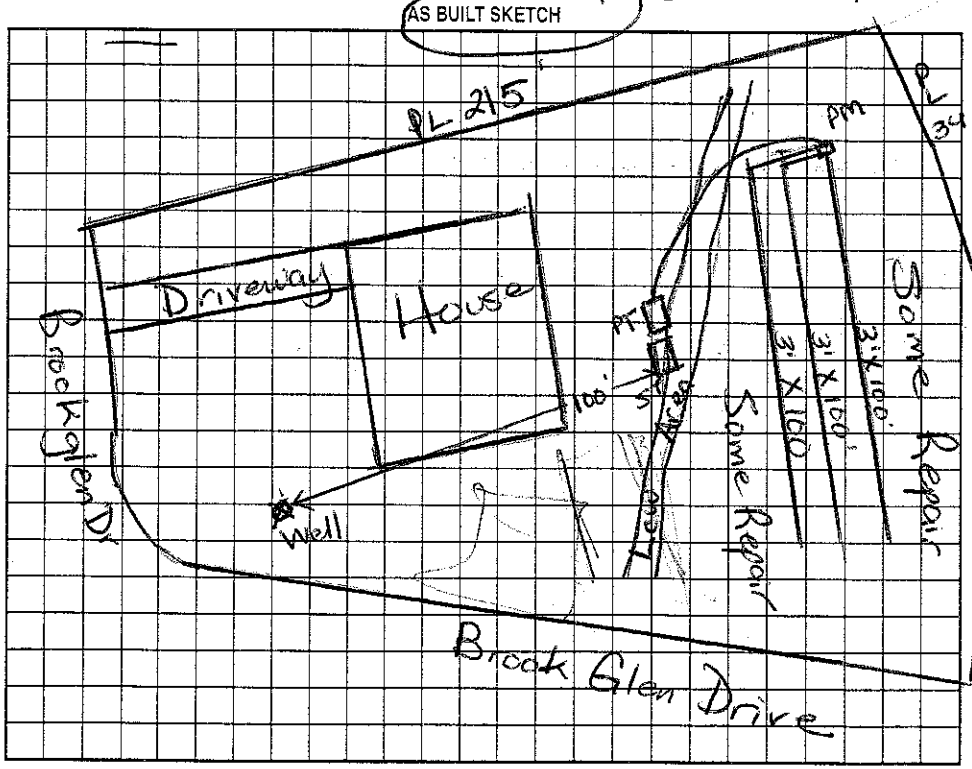
4/12/06 Met with Bret Nelson (owner) PM (Pressure Manifold) 5Ft From PL.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



...ded 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 ...thout 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.

_____ date 8-5-02 Installed by: Willie Chastenbury

_____ RS date 7-22-02 Operation Permit by: Maria H. Dotson RS date 8/15/05

_____ RS date 4/19/05 Existing System Inspection by: _____ date _____

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