IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104659 PIN# ~~4659-92-5352.000~~ 4659-91-8958

OWNER OR CONTRACTOR KFS Investments / ES Johnson PHONE: Business _____ Home _____ DATE July 31, 02

ADDRESS 149 Jacket Cove Ln. Mooresville 28117

LOCATION 15-21 N. to Shinnville Rd. to Beattie Glen Dr. cross creek Bear Right to Middle Glen 1st lot on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 121 LOT AREA 1.58Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 5-9-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: Gravity 25% Reduction

Repair System Description: Gravity/Pumped 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

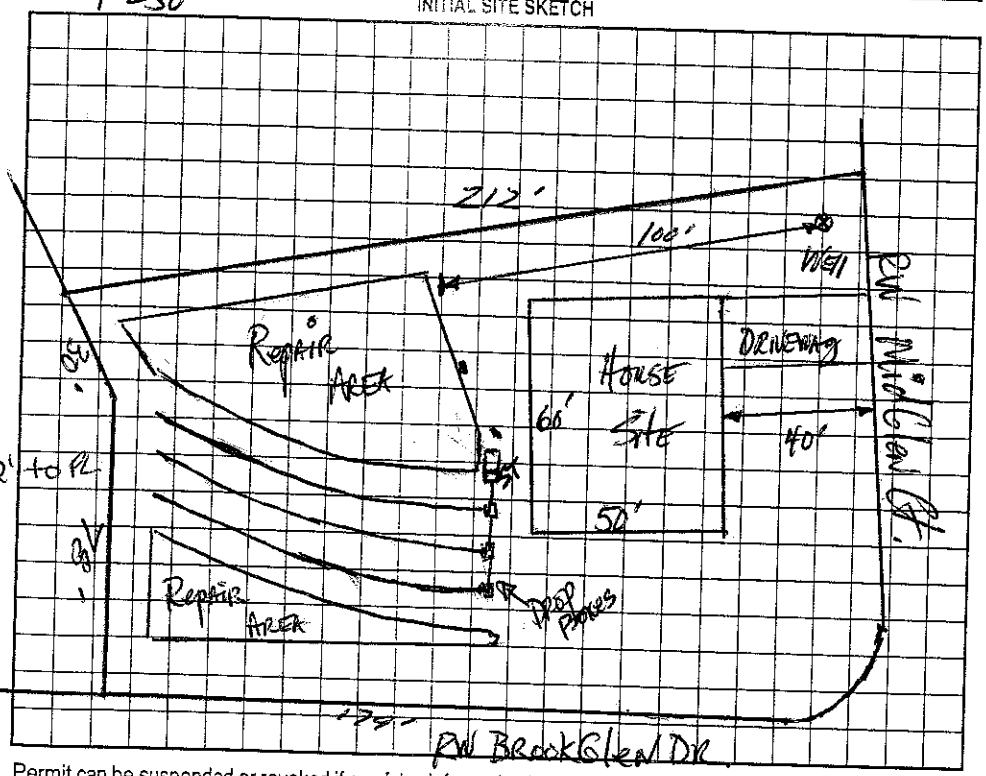
Comments:/Conditions: Remove any old burms / terraces

Reviewed Building plans & site plans; essentially in compliance with I.P.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

Used EZ Flow for Drainfield

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: _____

Improvement Permit by: Maria R. Harper RS date 8.9.02

Authorization to Construct by: Maria H. Colson RS date 3/22/04

Installed by: Willie Christenbury

Operation Permit by: Maria H. Colson R.S. date 7/23/04

Existing System Inspection by: _____ date _____

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