IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104456 PIN# ~~4659-92-3352.77~~ 4659-92-0913 DATE July 15, 02

OWNER OR CONTRACTOR KFS Investments / ES Johnson Build PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N TR Shinnville Rd TL Brookglen Dr. on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 77 LOT AREA 1.83Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. N.25

Septic Tank: 1000 Gallons; STB 794 Date 3-11-03

Pump Tank: 1000 Gallons; PT 283 Date 4-20-03

Pump Make: Zoeller Model N140-C Serial No: HP.

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

No Lines 3 @ 120' 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 25-50% Reduction

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:

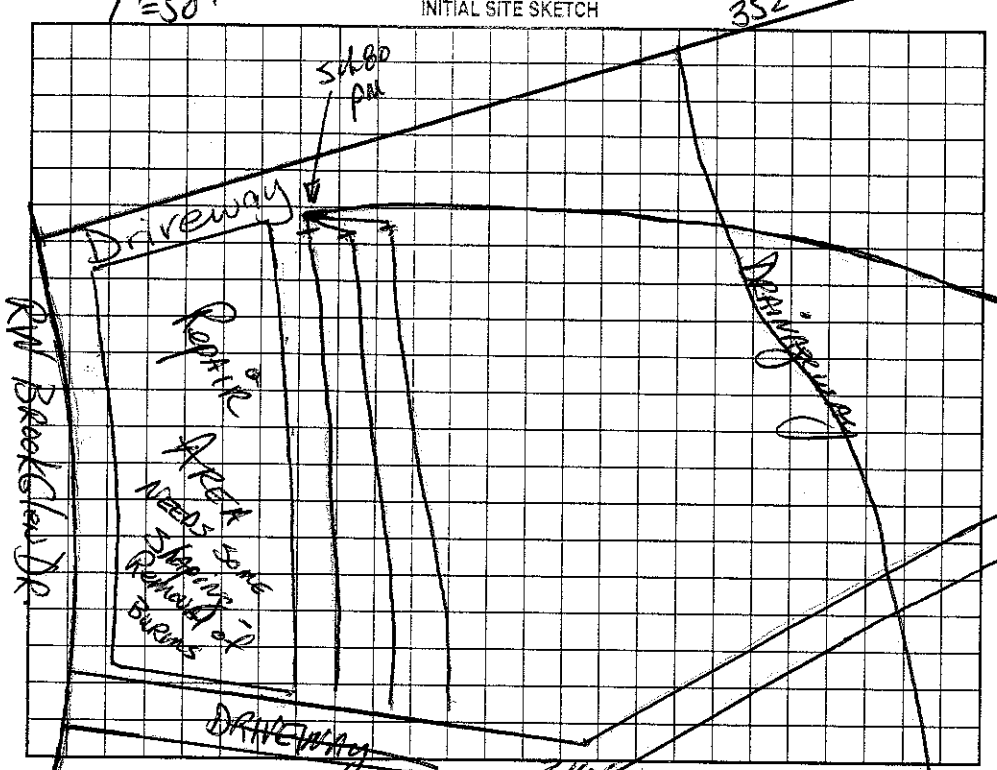
Remove any old burma fencing in septic system area.

Comments:/Conditions:

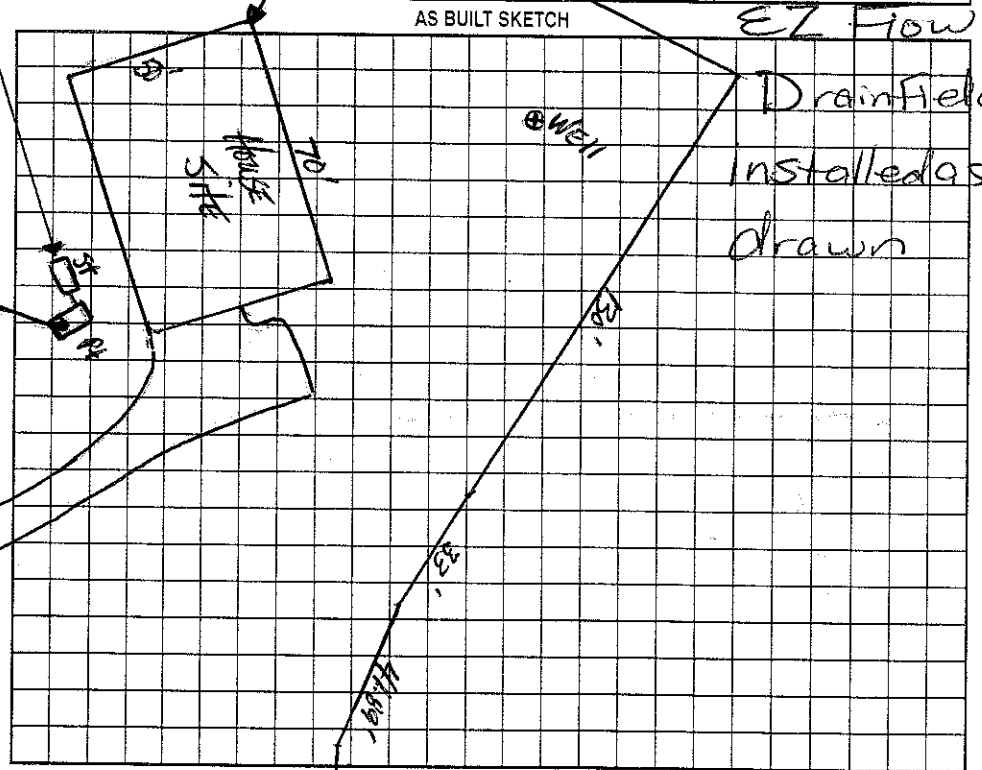
Checked lines, tanks & pressure. 9/17/03

INITIAL SITE SKETCH

1"=50'



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: _____ RS date 7-15-02 Operation Permit by: _____ RS date 11/13/03

Authorization to Construct by: _____ RS date 4/23/03 Existing System Inspection by: _____ date _____

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