IREDELL COUNTY HEALTH DEPARTMENT

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

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

2100

PERMIT# 104633 / 21846 PIN# ~~4659-92-5352.102~~ 4659-92-2332 DATE July 23, 02

OWNER OR CONTRACTOR KES Investments PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N TR Shinnville Rd. TL Brooklen cross creek Bear left on Right

SUBDIVISION Brooklen BLOCK / SECTION 2 LOT 102 LOT AREA .75 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 6/24/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 center fed Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity Conventional

Repair System Description: Gravity 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

Gravel Depth 12"

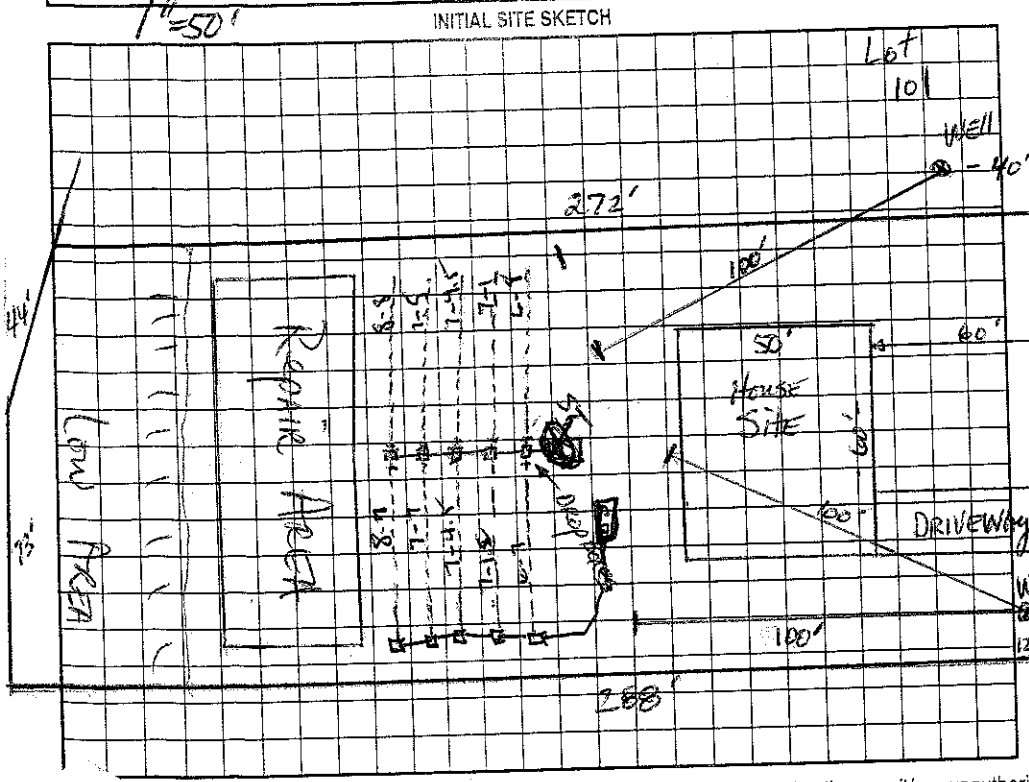
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Remove any old barns / terraces in septic system area

Comments/Conditions: Reviewed Building plans & essentially in compliance with Improvement Permit. Drive on other side.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

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 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.

_____ date 8-9-02 Installed by: Willie Christenbury

_____ date 7-23-02 Operation Permit by: Wesley Sparks R.S. date 8/17/04

_____ date 6/9/04 Existing System Inspection by: _____ date _____

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