IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104636 PIN# ~~4659-92-5352.104~~ 4659-92-2535 DATE July 26, 02

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

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N. TR Shinnville Rd. TR Brookglen Dr. crosses & Cemetery on Right

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 104 LOT AREA .67Ac SITE CLASS. 95 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-14-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 centered Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ 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 _____

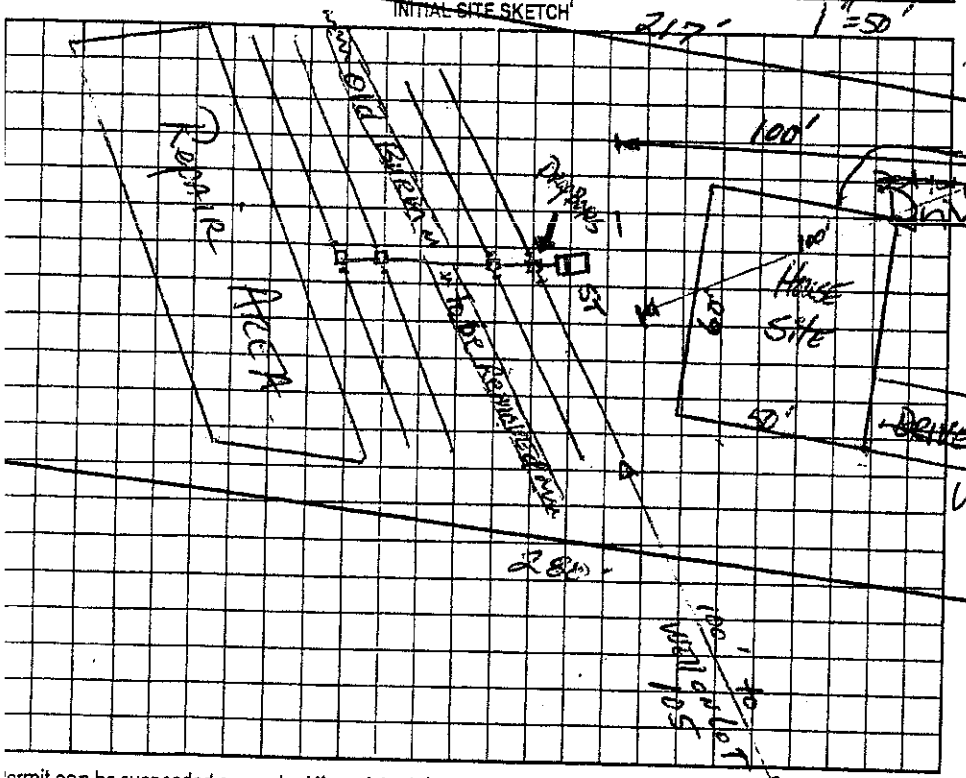
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove any old burns / terraces in Septic system area.

Comments:/Conditions: Reviewed Building plans & site plan 5/22/03 Essentially in compliance with IP Okay for driveway to be on other side.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed essentially as Drawn except Fed on right side

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: _____ date 8.9.02

Authorization to Construct by: _____ RS date 5/22/03

Installed by: Willy Christenbury

Operation Permit by: _____ RS date 7/15/03

Existing System Inspection by: _____ date _____

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