IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104654 PIN# ~~4659-92-5352.000~~ 4659-92-5356 DATE July 29, 02

OWNER OR CONTRACTOR KFS Investments / E.S. Johnson Build PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N IR Shinnville Rd. TR Brookcrest Dr. over creek Bear Right TR Midstream Ct. on Right

SUBDIVISION Brookcrest BLOCK / SECTION 2 LOT 116 LOT AREA 1.10 Ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 1012 Date 8-11-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 2 centerfed 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: / Same
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

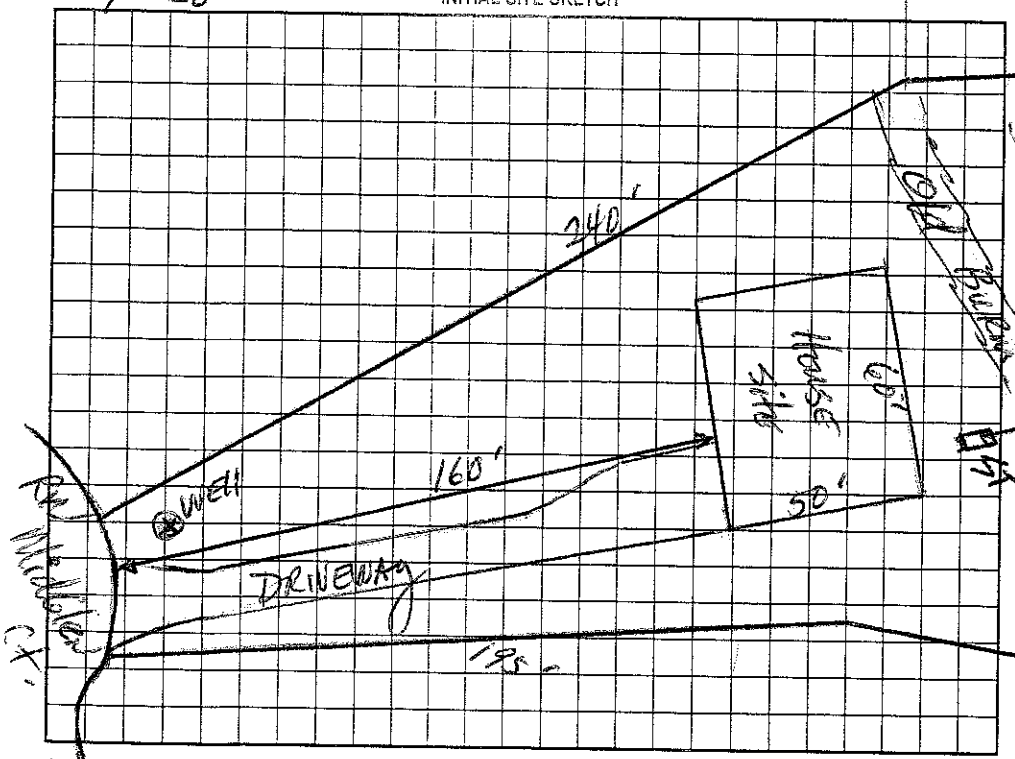
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove old beams / terraces

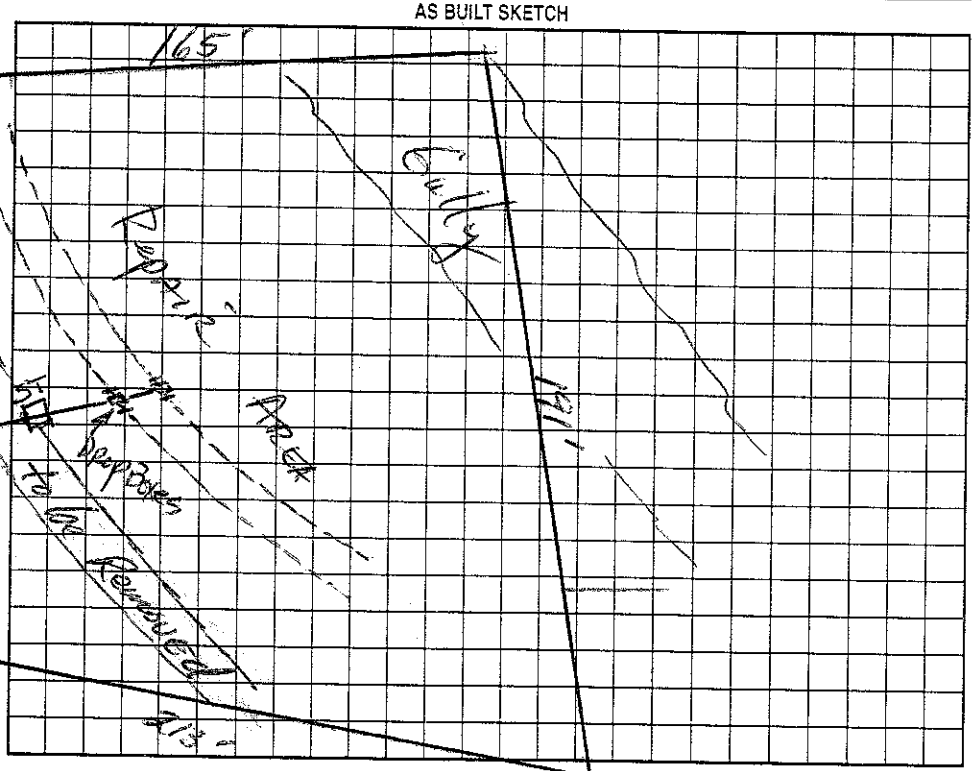
Comments:/Conditions: Note ST Installed ~ 40' From House

1"=50'

INITIAL SITE SKETCH



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

Improvement Permit by: Mark B. Thomas, RS date 7-29-02

Authorization to Construct by: _____ RS date 12/23/02

Installed by: Tommy Fayo

Operation Permit by: Mark B. Thomas R.S. date 3/28/03

Existing System Inspection by: _____ date _____

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