IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104639 PIN# 4659925352.107 4659-92-6770 DATE 3-11-04

OWNER OR CONTRACTOR Lyle Calkins PHONE: Business 892-1383 Home 361-6609

ADDRESS 20468-F Chartwell Ct D Cornelius NC 28031

LOCATION Hwy 115/US 21 north TR Shinnville TL, Brookglen Dr Cross Creek bear right on left

SUBDIVISION Brookglen BLOCK / SECTION ____ LOT 107 LOT AREA 1.29 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 4-22-04
Pump Tank: 1000 Gallons; PT 27 Date 4-9-04
Pump Make: Zoeller Model M153 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1470 Linear Feet 490
No Lines 7@70' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump - 25% Reduction
Repair System Description: Pump - 25% - 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

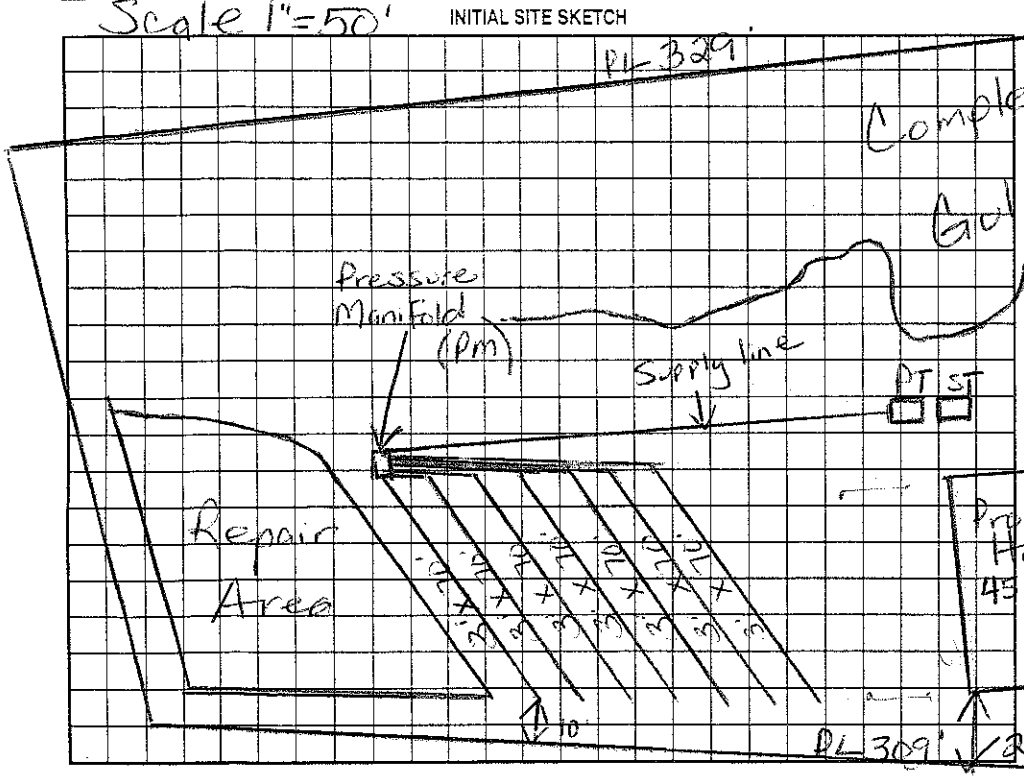
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

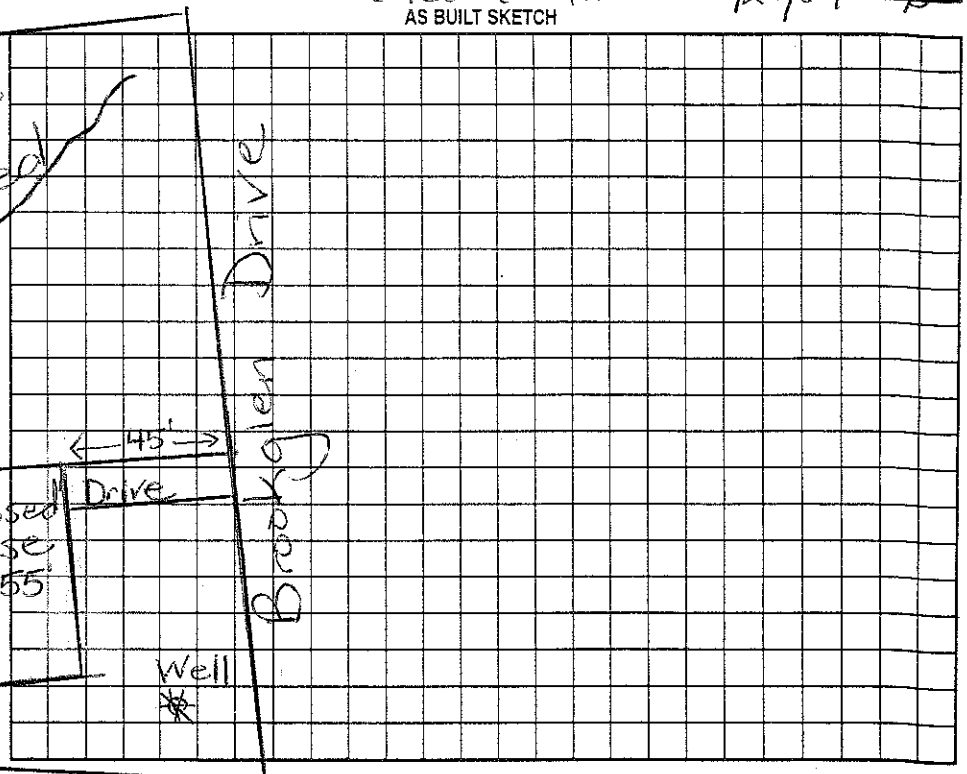
Comments:/Conditions: Remove old berms/terraces in Septic System Area. Keep Septic System at least 10' From PL & 100 to well.

Comments:/Conditions: Installed as Drawn
EZ Flow for Drainfield
Checked pressure lines & Tanks 6/16/04
Electric Alarm 7/23/04 MS

Scale 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: Lyle E. Calkins date ____

Improvement Permit by: Maina H. Dotson RS date 3/12/04

Authorization to Construct by: Maina H. Dotson RS date 3/12/04

Installed by: Willie Christenbury

Operation Permit by: Maina H. Dotson RS date 7/23/04

Existing System Inspection by: ____ date ____

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