IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10463 PIN# ~~4659-92-5352.115~~ 4659-92-7913 DATE July 29, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville

LOCATION 115-21N NR Shinnville Rd. TL Brookglen DR. cross creek bear right TL Middleton Ct on right

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 115 LOT AREA .92 AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 3 septic area

Septic Tank: 1000 Gallons; STB 794 Date 3-10-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 980 Linear Feet 330

No Lines 3 Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: pumped 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

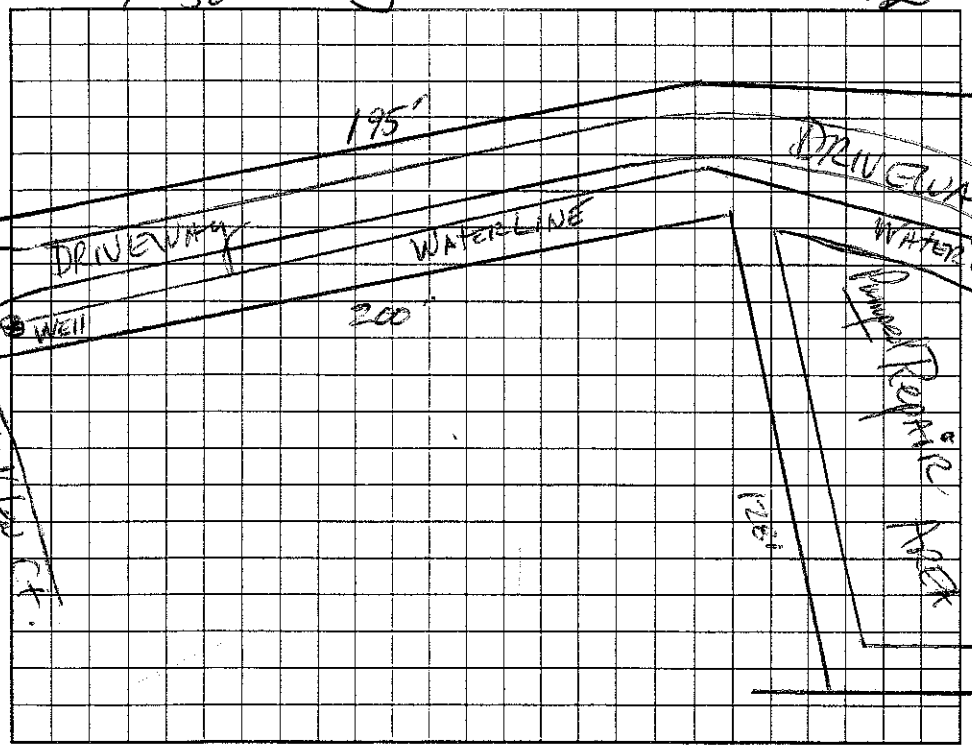
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Remove old beams / terraces, Install laterals at 36" trench bottom depth

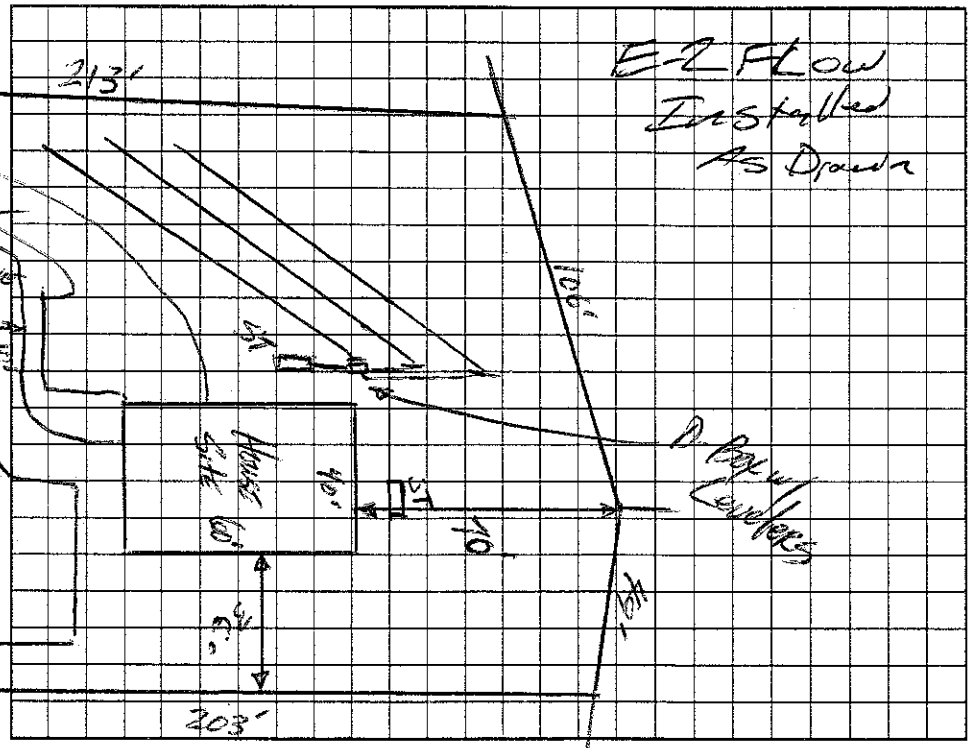
* 3/31/03 Reviewed Building plans in compliance with IP. as long as floor plan is Flipped. MD

Comments:/Conditions: ST checked 9/17/03 MD

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: Willie Christenbury

Improvement Permit by: _____ date 7-29-02 Operation Permit by: _____ RS date 9/17/03

Authorization to Construct by: _____ RS date 3/31/03 Existing System Inspection by: _____ date _____

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