IREDELL COUNTY HEALTH DEPARTMENT

STAT[illegible] 704-878-5305 MOORESVILLE 704-664-5281

3:30-4:[illegible]

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

PERMIT# 104695 PIN# 4659-92-5352 .108 4659-92-8711 DATE July 26, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

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

SUBDIVISION Brooklden BLOCK / SECTION 2 LOT 108 LOT AREA .72Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 2-16-04

Pump Tank: 1000 Gallons; PT 283 Date 2-19-04

Pump Make: Zoeller Model M153 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PM - Conventional

Repair System Description: LP 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

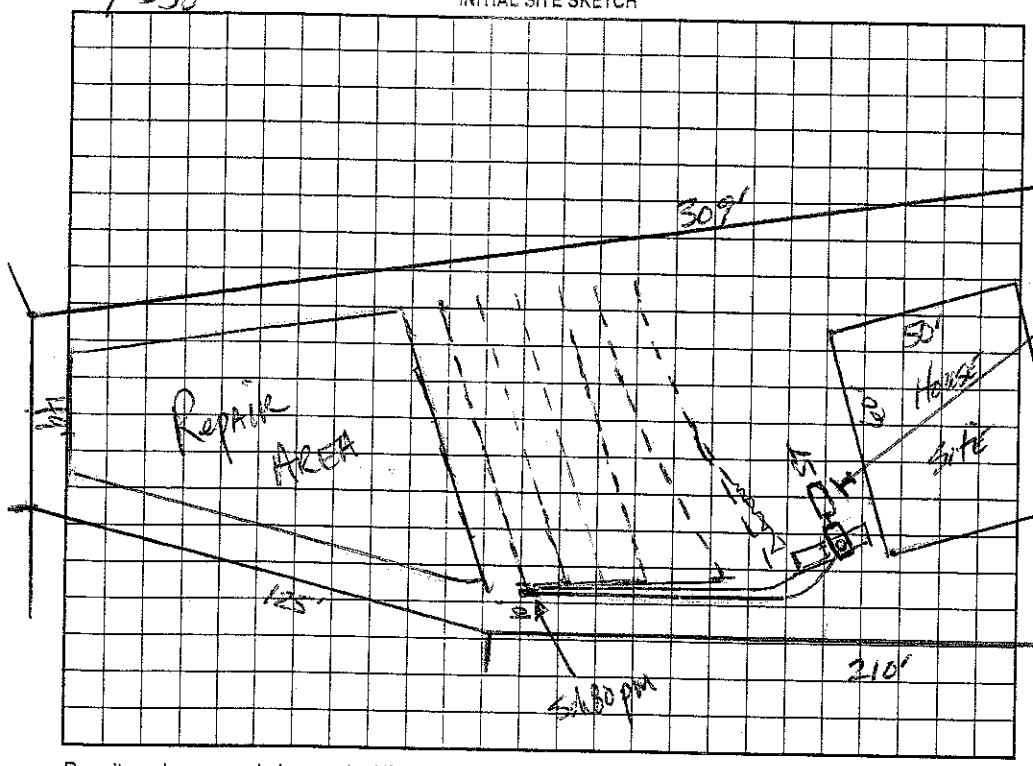
Comments/Conditions:

Remove any old burma/terraces in septic system area.

Comments/Conditions: Checked tanks & lines 4/2/04. Checked pressure 4/7/04

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 8-9-04 Installed by: Willie Christenbury

Improvement Permit by: _____ date 2-26-02 Operation Permit by: _____ date 5/13/04

Authorization to Construct by: _____ date 12/30/03 Existing System Inspection by: _____ date _____

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