# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109647 PIN# 4659-92-5352 .110 4659-92-9528 DATE July 29, 02

OWNER OR CONTRACTOR KFS Investments / ES Johnson Bldr. PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-2 IN TR Shinnville Rd. TL Brookglen Dr. cross creek Bear Right on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 110 LOT AREA .59 Ac SITE CLASS. 05 DESIGN FLOW 360gpd L.T.A.R. .25-.13

Septic Tank: 1000 Gallons; STB 794 Date 11-11-03

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

Pump Make: Zoeller Model 153 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM - 25% Reduction

Repair System Description: LP PPBS

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

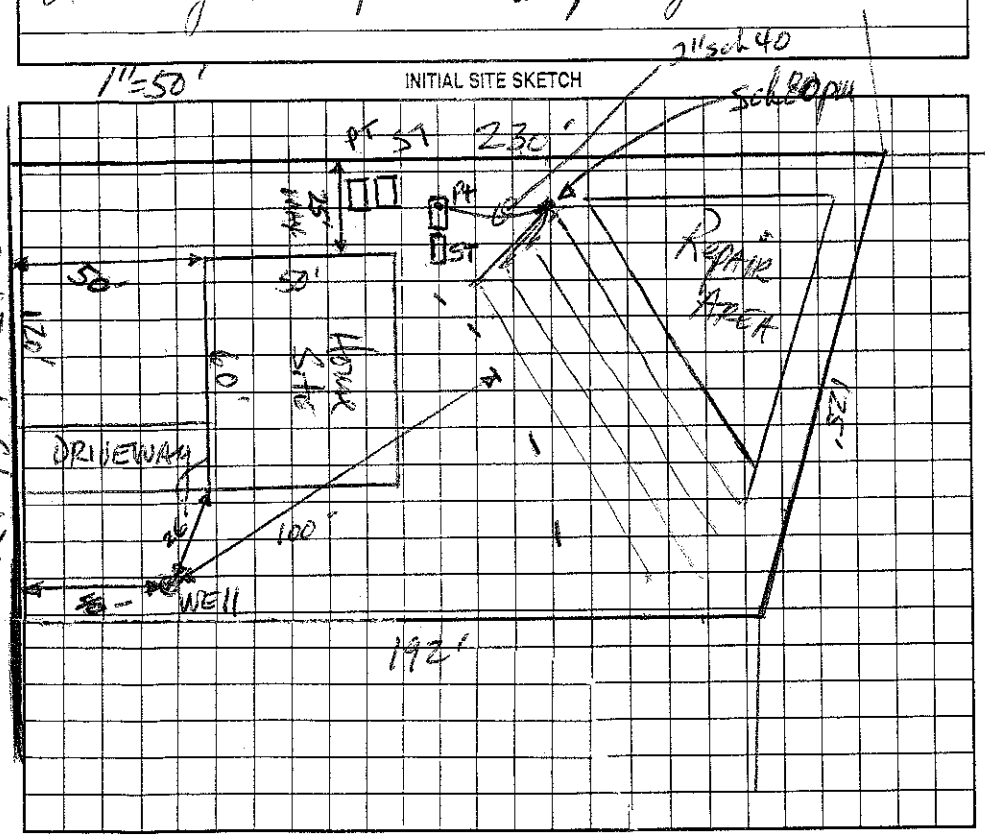
Comments:/Conditions:

Remove any old burma/terrace in septic system area.

Comments:/Conditions: Checked tanks, lines & pressure. 3/3/04

INITIAL SITE SKETCH

1" = 50'




AS BUILT SKETCH

Installed as Drawn

Used EZ Flow

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 7-29-02 Operation Permit by: _____ date 4/23/04

Authorization to Construct by: _____ date 12/9/03 Existing System Inspection by: _____ date _____

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