3:30-4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10464 PIN# 4659-92-5352.109 4659-92-9753 DATE July 26, 02

OWNER OR CONTRACTOR KFS Investments PHONE: Business Home

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N TR Statesville Rd. TL Brookglen Dr. cross creek Ben Right on left

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 109 LOT AREA .73Ac SITE CLASS. BS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/28/03
Pump Tank: 1000 Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200
No Lines 4@50' Trench Width 24"/36" Bloc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pm PPBPS
Repair System Description: Pm/LP PPBPS
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

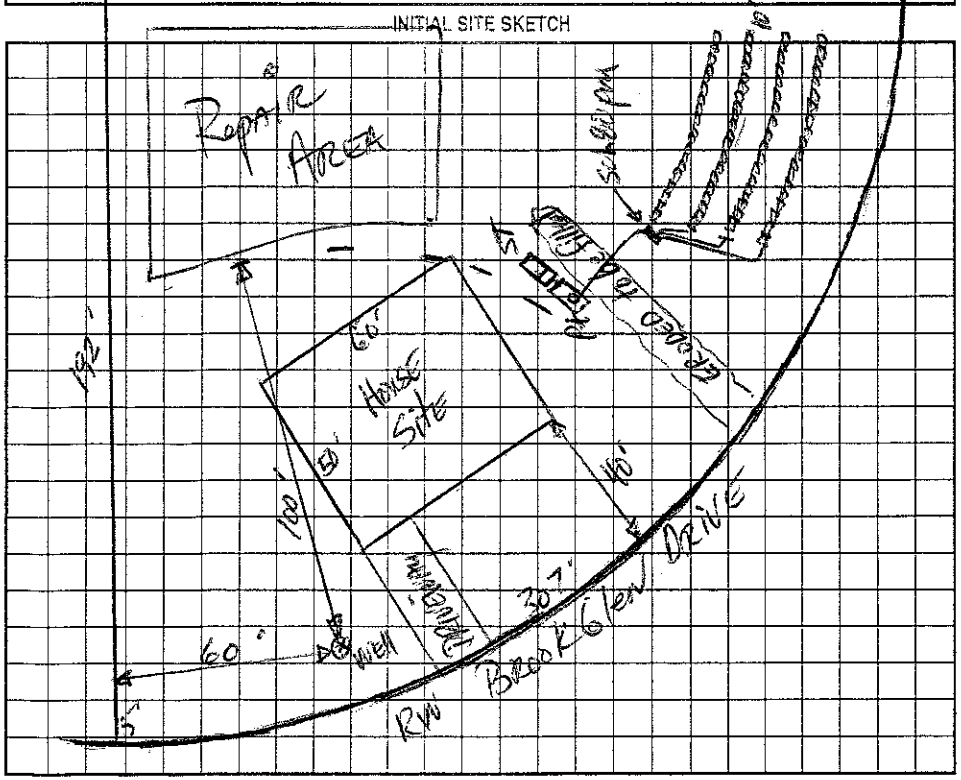
Comments:/Conditions: OR 36" max 90c

1"=50' Remove any old burms/terraces in septic system area.

Fill eroded area

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as a gravity Panel Block with a D-Box

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: Tommy Frye

Improvement Permit by: RS date 7-26-02 Operation Permit by: RS date 4/2/03

Authorization to Construct by: RS date 12/23/02 Existing System Inspection by: date

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