3,30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104493 PIN# ~~4659-92-5352 obf~~ 4659-93-7092 DATE July 16, 02

OWNER OR CONTRACTOR KFS Investments / Lyle Watkins PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N TR Shinnville Rd TL Brookglen Dr. on left #353

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 81 LOT AREA 1.61 Ac SITE CLASS 95 DESIGN FLOW 360gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 3-7-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: pm - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

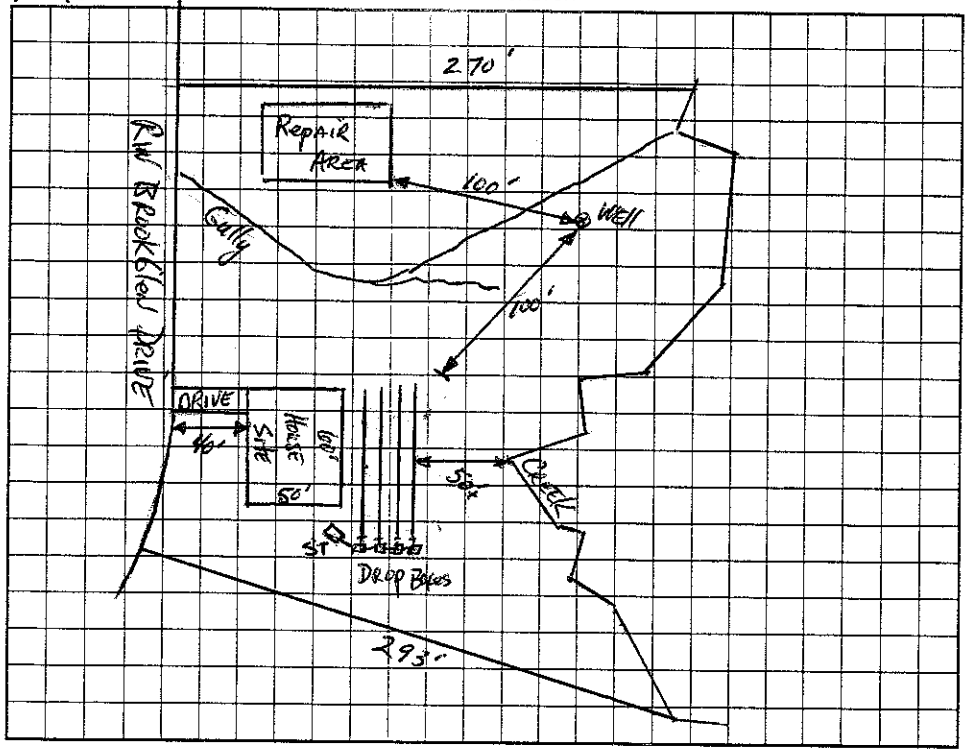
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
Remove any old drums, furnaces in septic system area
*Reviewed building plans 4/9/03, essentially in compliance with I.P.

Comments:/Conditions: Okay to put driveway on other side of house.
Grey filter installed
Note: Well >100' to Drainfield.

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed "E-Z Flow" Drainfield as Drawn

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

Improvement Permit by: _____ date 7-16-02

Authorization to Construct by: _____ date 4/9/03

Installed by: Will Christenbury date 6/26/03

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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