IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10/31/01

PERMIT# 089 259 PIN# ~~4669003656~~ PT 4668-09-5891

OWNER OR CONTRACTOR KFS INVESTMENTS / Lyle E. Calkins PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE

LOCATION 115N- TR SHINNVILLE - TL BROOKGLEN - CORNER OF ROCKY PT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 31 LOT AREA .66AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36PD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10/14/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"-48" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

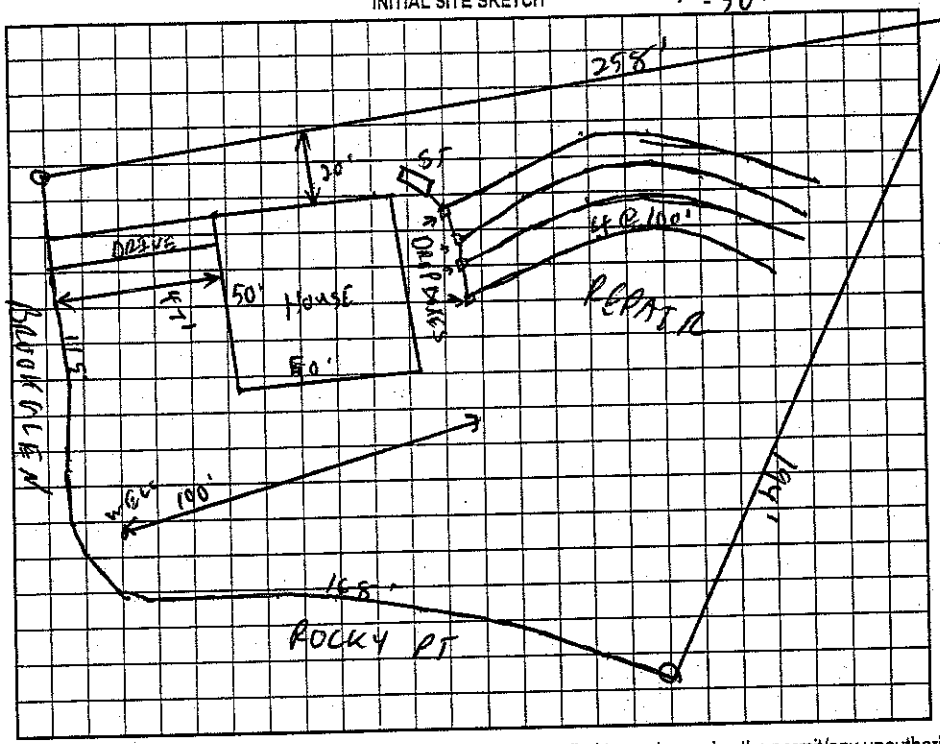
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as Drawn

Using 1 Distribution 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 11-6-01 Installed by: Christenbury

Improvement Permit by: C. Lyle Ten KS date 10/31/01 Operation Permit by: RS date 1/9/03

Authorization to Construct by: RS date 10/16/02 Existing System Inspection by: _____ date _____

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