Paid 125.00 10:50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89098 PIN# 4669003656 PT 4608-19-0593 DATE 7/24/00

OWNER OR CONTRACTOR KROM FINANCIAL PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE 28115

LOCATION 115 N- TR SHINNVILLE - 2ND ON LT PAST PAST BROOK GLEN DRIVE

SUBDIVISION BROOKGLEN BLOCK / SECTION LOT 3 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 10-18-00
Pump Tank: 1000 Gallons; PT 274 Date 10-6-00
Pump Make: Zoeller Model N 267 Serial No UL-USA115YIP
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: PUMP INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☒ No

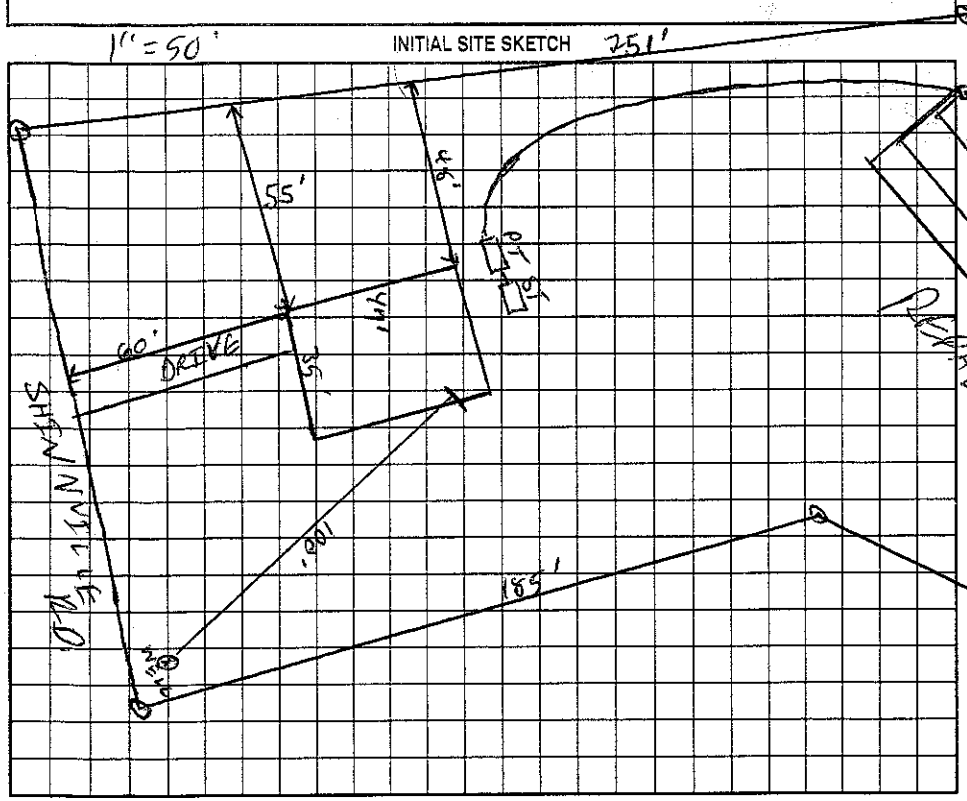
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

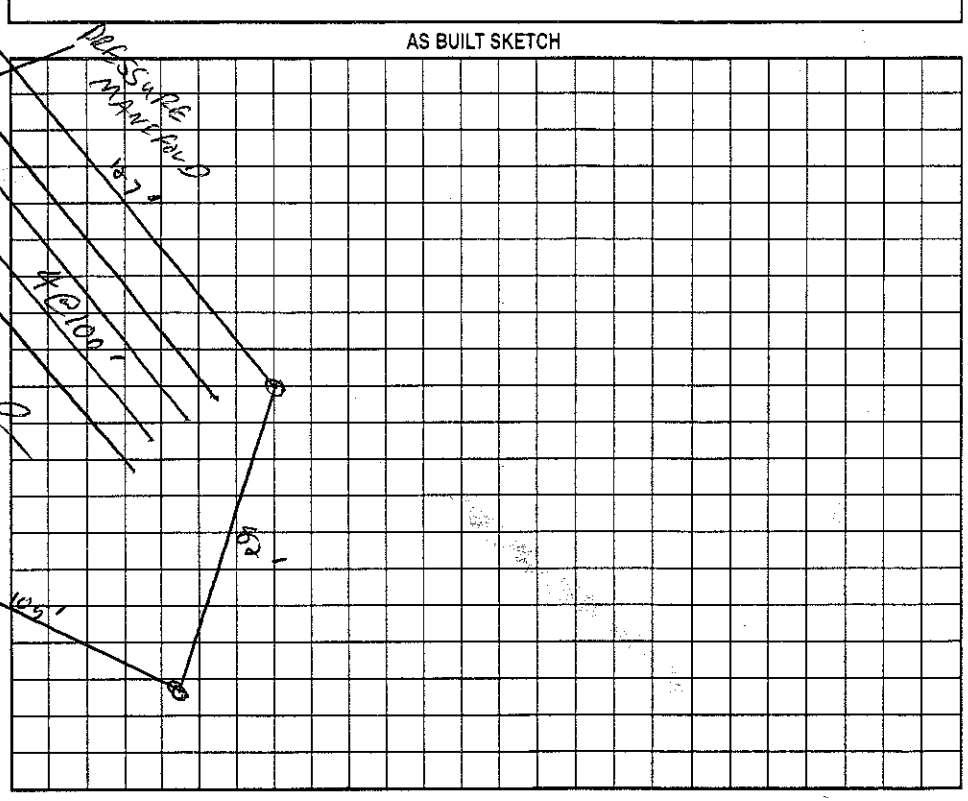
Comments:/Conditions:

Comments:/Conditions: Polylok filter installed
Tanks & lines checked 12/7/2000

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 7.25.00 Installed by: ADVANCE BACKHOE - Tommy Faye

Improvement Permit by: _____ RS date 7/24/00 Operation Permit by: Wesley Sparks RS date 3/6/01

Authorization to Construct by: _____ RS date 7/24/00 Existing System Inspection by: _____ date _____

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