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# 089104 PIN# ~~4660003656 PT~~ 4669-00-0533

OWNER OR CONTRACTOR KES INVENTMENTS PHONE: Business 664-3671 Home DATE 10/31/01

ADDRESS 149 YACHT COVE LN MOORESVILLE

LOCATION 115N-TR SHANNVILLE - TL BROOKGLEN - TL ROCKY PT - ON LT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 39 LOT AREA .91AC SITE CLASS. RS DESIGN FLOW 360GD L.T.A.R. .30RD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 3-11-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☐ No

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

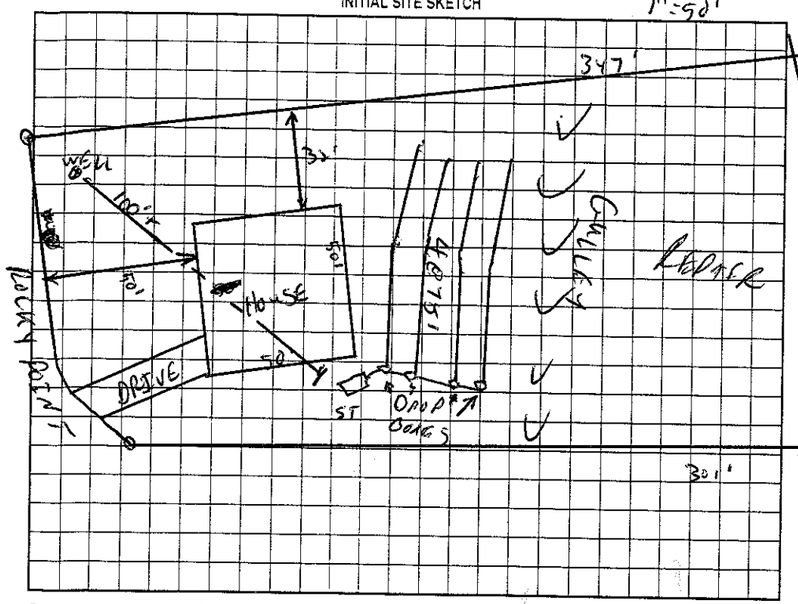
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

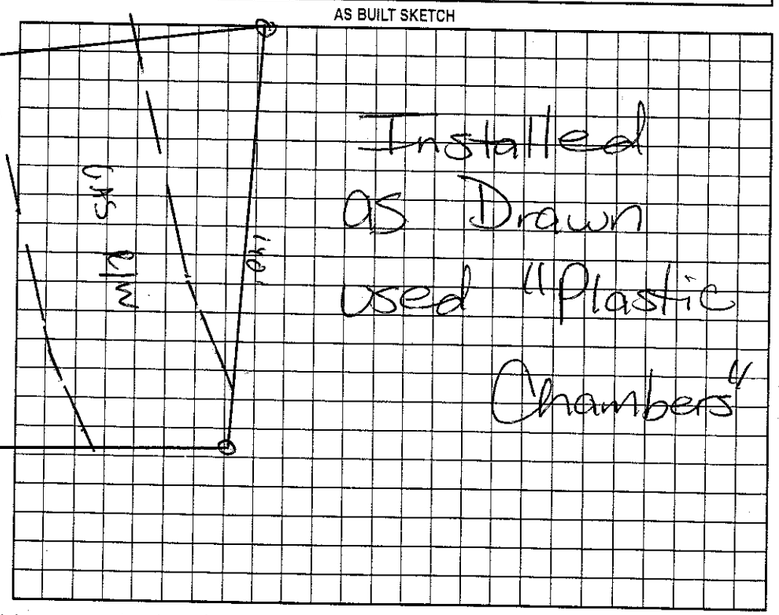
Comments:/Conditions:

Comments:/Conditions: Blue filter installed

INITIAL SITE SKETCH 1"=50'



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 11.6.01

Improvement Permit by: C. [illegible] KS date 10/31/01

Authorization to Construct by: Wesley Sparks R.S. date 5/10/02

Installed by: Frye Grading

Operation Permit by: Maria Hill Dotson R.S. date 8/7/02

Existing System Inspection by: _____ date _____

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