PIN# 4669-00-0749

12.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089106 PIN# ~~4669003656 PT~~ (704)658-0881 RR DATE 10/31/01

OWNER OR CONTRACTOR KFS INVESTMENTS // Russell Rorie Bldr. PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE NC // 105 Denver Business Park Dr., Mooresville

LOCATION 115N - TR SHINNVILLE - TL BROOKGLEN - TL ROCKY POINT - AT END

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 41 LOT AREA .90 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .4 gpd/ft²

Septic Tank: 1006 Gallons; STB 1012 Date 11-7-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@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: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

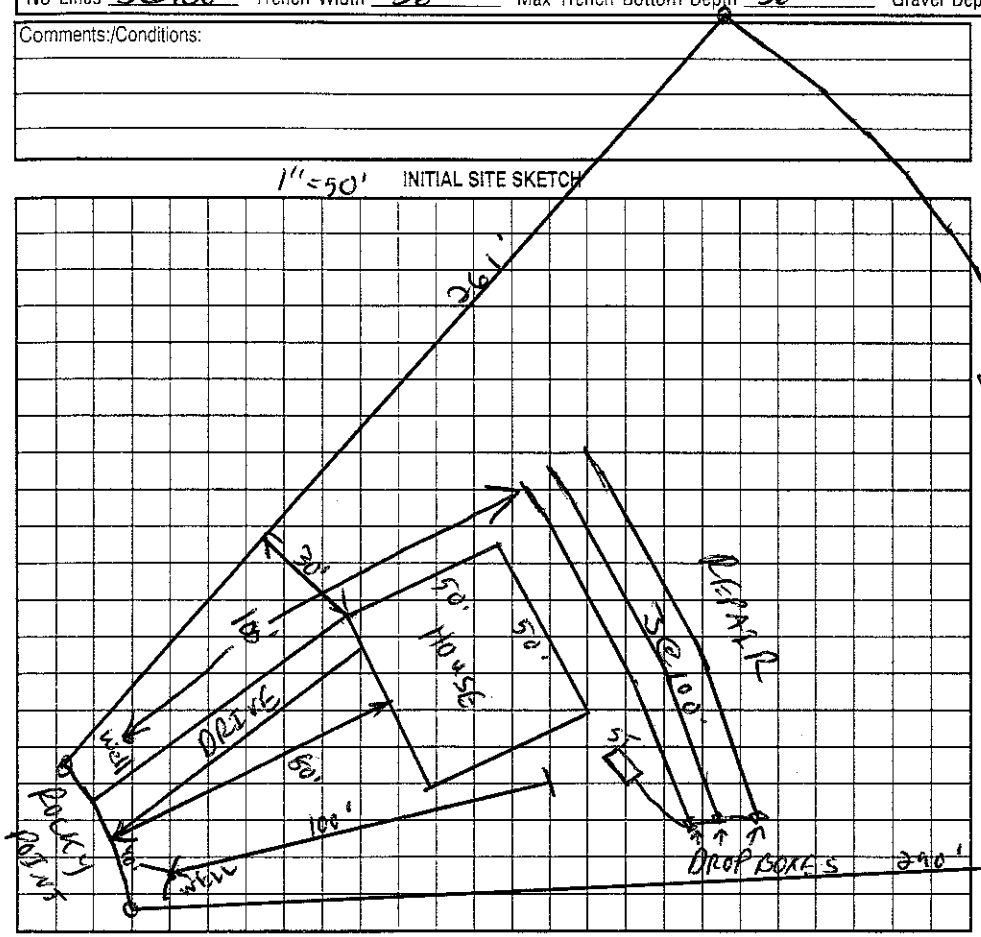
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Conventional 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 11.6.01

Improvement Permit by: ____ KS date 10/31/01

Authorization to Construct by: ____ date 12-20-01

Installed by: Tommy Frye Grading

Operation Permit by: Marie H. Hall RS date 4/9/2002

Existing System Inspection by: ____ date ____

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