IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089266 PIN# ~~4669003656 PT~~ 4669-00-3382 DATE 10/31/01

OWNER OR CONTRACTOR KFS INVESTMENTS / RW ROBLE PHONE: Business 664-3621 Home

ADDRESS 149 YACHT RD - MOORESVILLE

LOCATION I-15 N - JR SHINNVILLE - IL BROOKGLEN - IL ROCKY POINT - ON RT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 46 LOT AREA .66AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-8-02
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" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAV. INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

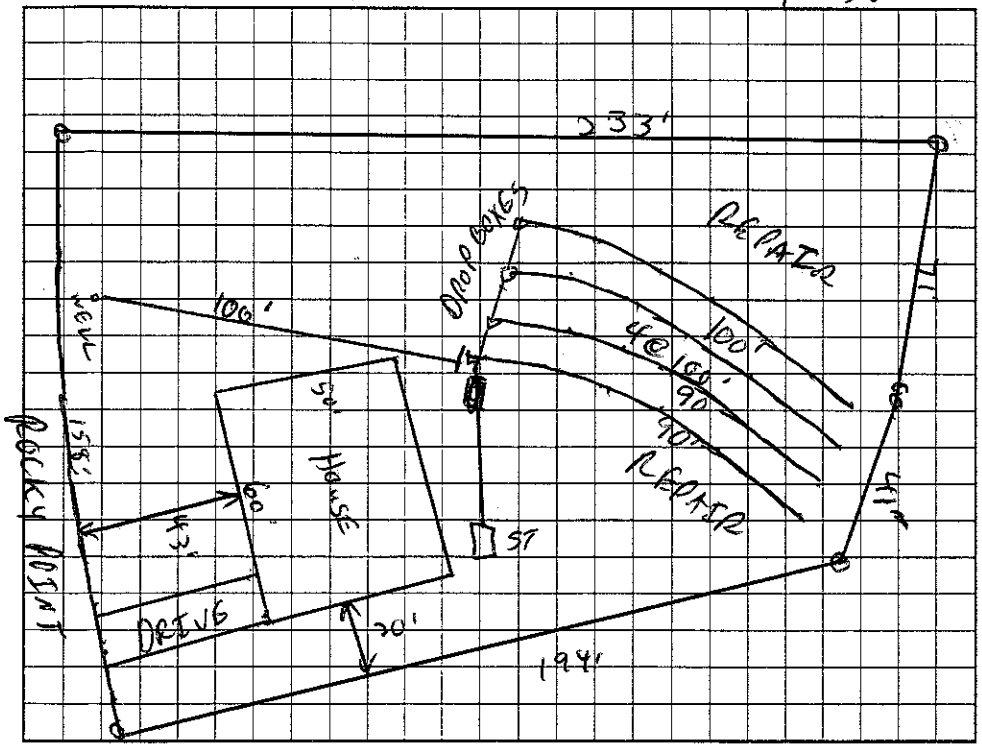
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Filter installed
Tank marker installed

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed 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: C. Hall RS date 10/31/01

Authorization to Construct by: C. Hall RS date 3/5/02

Installed by: Tommy Frye

Operation Permit by: Maria Hall Coleman RS date 7/23/2002

Existing System Inspection by: ____ date ____

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