11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089109 PIN# ~~4669005656 (Lot)~~ 4669-00-3535 DATE Aug 24, 01

OWNER OR CONTRACTOR Mike Krom PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Lane Mooresville NC 28115

LOCATION 115 N TR Shinnville Rd. TL BrookGlen TL Rocky Pt. on Right near end

SUBDIVISION BrookGlen BLOCK / SECTION 1 LOT 44 LOT AREA .61 AC SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/20/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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: GRAVITY CONVENTIONAL OR INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

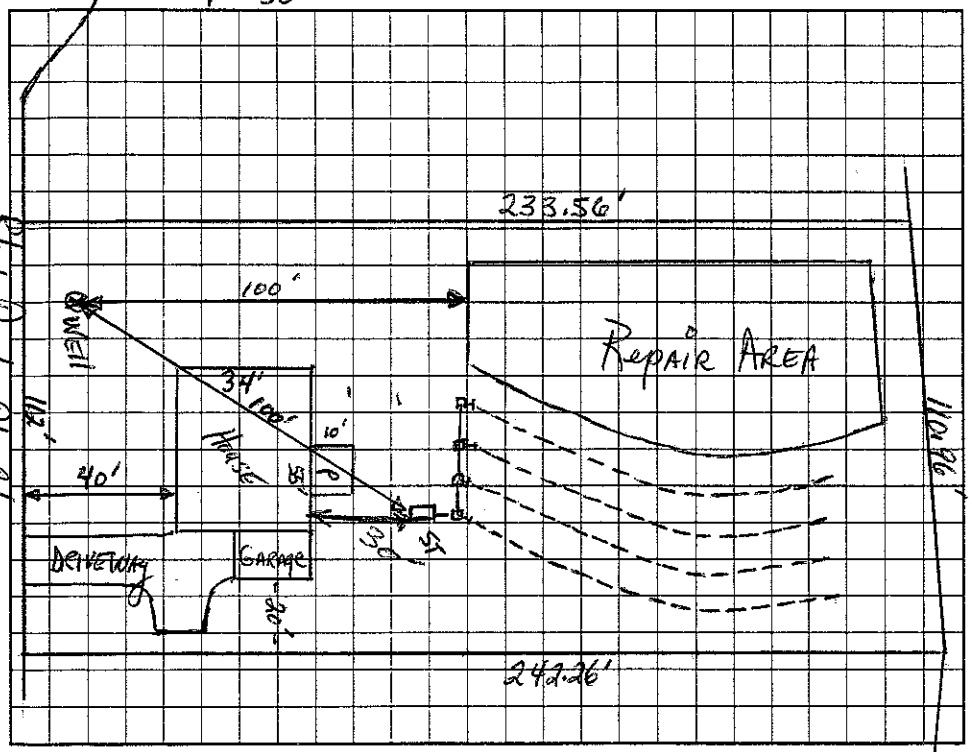
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

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 8.26.01 Installed by: Tommy Frye

Improvement Permit by: Mark R. Johnson, RS date 8-24-01 Operation Permit by: _____ RS date 1/16/02

Authorization to Construct by: Mark R. Johnson, RS date 8-24-01 Existing System Inspection by: _____ date _____

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