1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 028902 PIN# 4669003656 PT 4669003966 DATE 11/1/01

OWNER OR CONTRACTOR KES INVESTMENTS / ES Johnson PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE, NC 28115

LOCATION 115N - TR SHINNVILLE - TL BROOKGLEN - ON LT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 57 LOT AREA .52 SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36 PD/FP

Septic Tank: 1000 Gallons; STB 794 Date 10-2-03
Pump Tank: 1000 Gallons; PT 283 Date 12-8-03
Pump Make: Zoeller Model 153 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 N/A

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

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

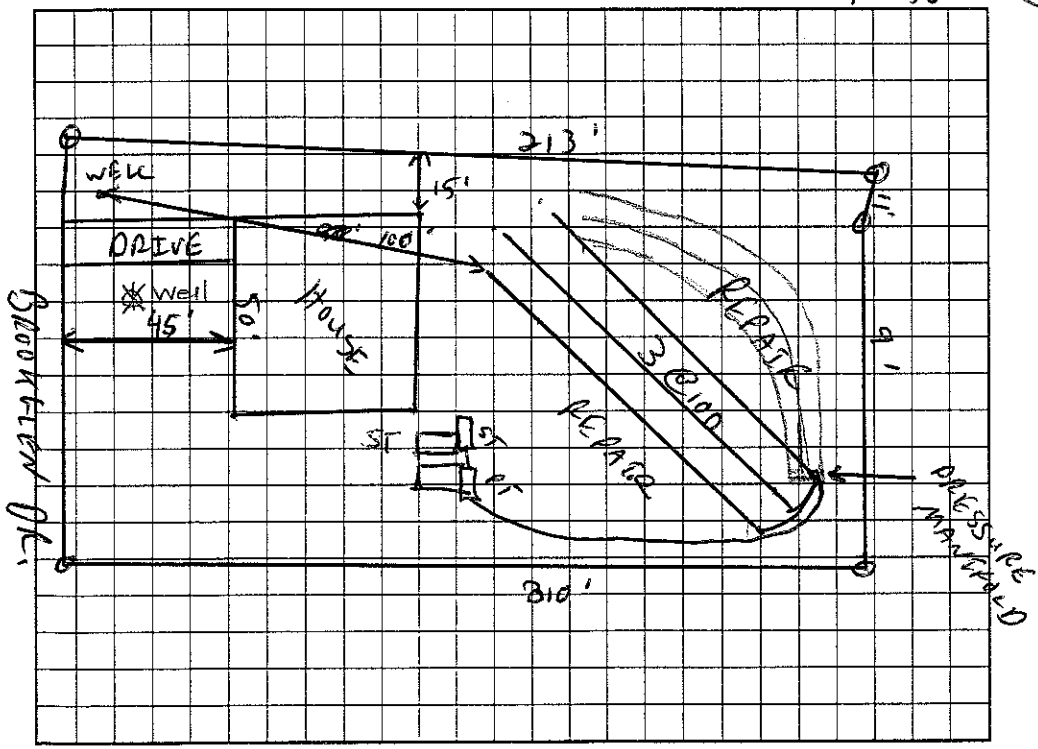
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Reviewed Building plans 10/2/03, essentially in compliance with Improvement Permit except shift house to right ~30' off PL to accommodate side load garage

Comments/Conditions: Checked tanks, line & pressure. EZ Flow installed

INITIAL SITE SKETCH 1"=50' (1 mm)



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: _____ date 11/1/01

Authorization to Construct by: _____ date 10/2/03

Installed by: Willie Christenbury

Operation Permit by: _____ date 3/17/04

Existing System Inspection by: _____ date _____

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