IREDELL COUNTY HEALTH DEPARTMENT

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

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

4669-00-4869

PERMIT# 089165 PIN# 4669003656 PT 4669-00-~~3956~~ ~~4869~~ 4869 DATE 11/1/01

OWNER OR CONTRACTOR KES INVESTMENTS / ES JOHNSON BLDR. PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE

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

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 56 LOT AREA .59 AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .28 GPD/SQ FT

Septic Tank: 1000 Gallons; STB 1012 Date 6/3/02
Pump Tank: 1000 Gallons; PT 17 Date 10/14/02
Pump Make: Goulds Model WE05111 Serial No. H0237327
Nitrification Field: No Fields 1 Square Feet ~~400~~ 960 Linear Feet ~~800~~ 320
No Lines 4@80' 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: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

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

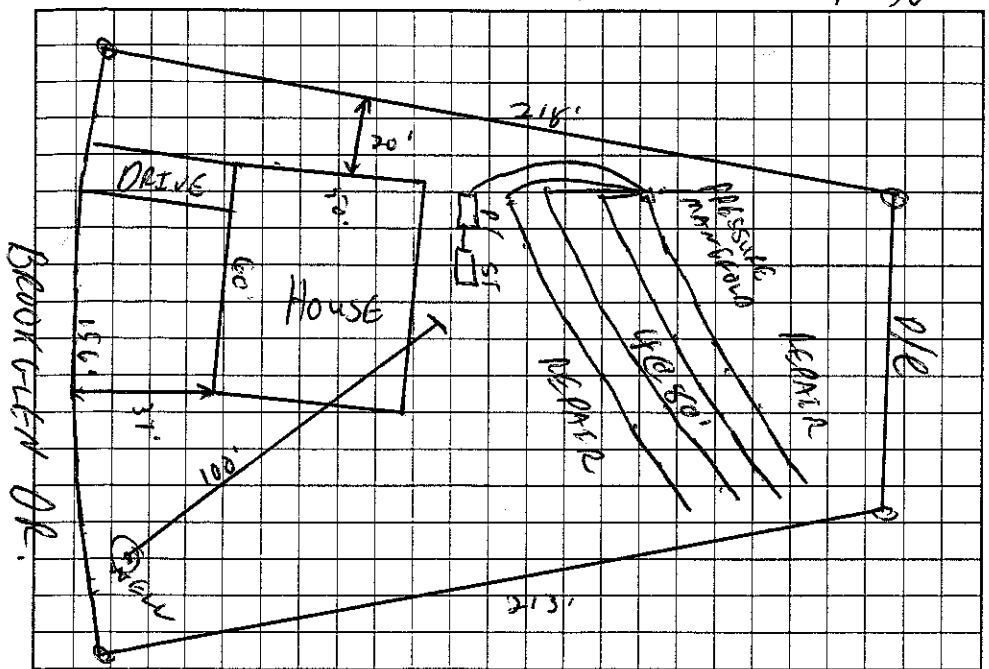
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions: Yellow filter installed
Checked tanks & lines 1/16/03
Pressure checked 1/17/03

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as Drawn
Used "Infiltrator"
Plastic Chambes 4@90'

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 Installed by: Tommy Frye

Improvement Permit by: C. Bryce RS date 11/1/01 Operation Permit by: _____ RS date 2/14/03

Authorization to Construct by: Wesley Sparks RS. date 10/8/02 Existing System Inspection by: _____ date _____

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