ELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089261 PIN# ~~4669003656~~ PT 4669-00-5193

OWNER OR CONTRACTOR KFS INVESTMENTS / E.S. JOHNSON PHONE: Business 664-3671 Home DATE 11/1/01

ADDRESS 149 YACHT COVE LN. MOORESVILLE, NC 28115

LOCATION 115N - TR SHINNVILLE - TL BROOKGLEN, 2nd PAST ROCKY PT ON ~~RT~~ LT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 49 LOT AREA .54AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-6-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' 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: GRAVITY 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 _____

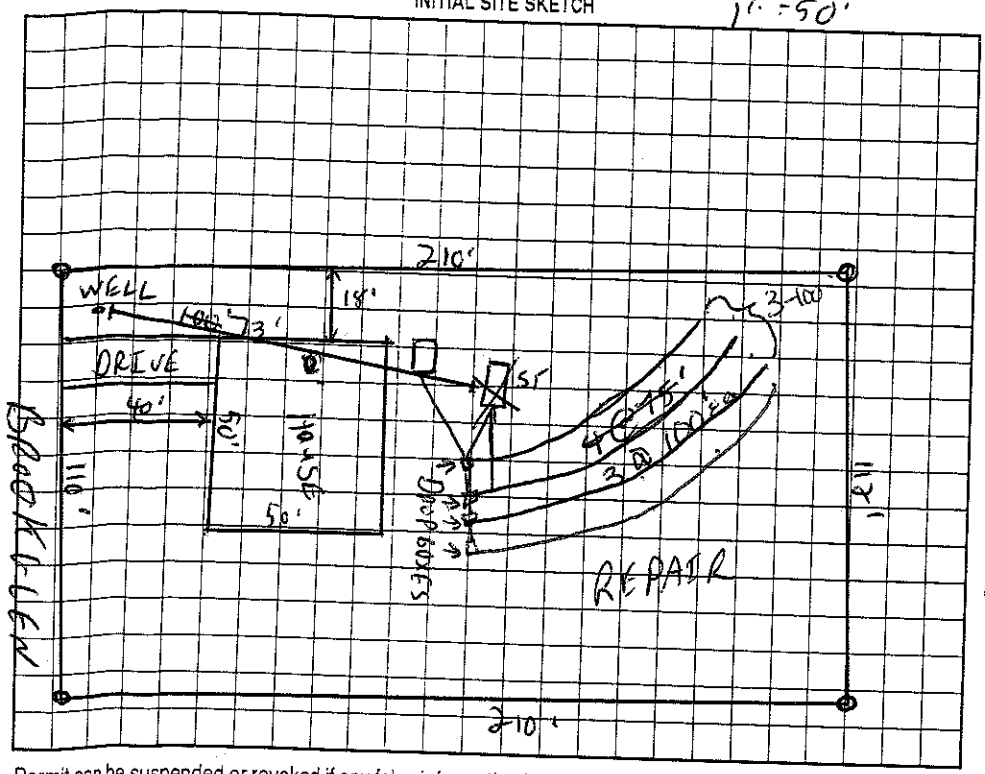
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

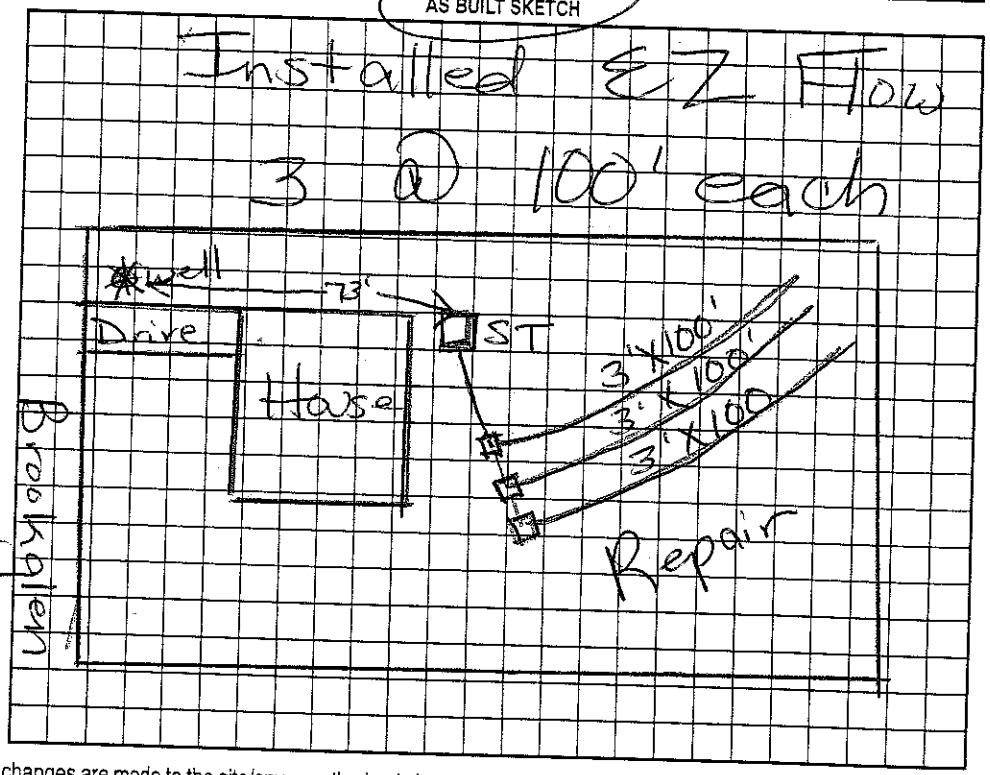
Comments/Conditions:

Comments/Conditions: Note: SAP encountered > 48"

INITIAL SITE SKETCH 1" = 50'



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: _____ ES date 11/6/01

Authorization to Construct by: _____ ES date 2/4/02

Installed by: Tommy Frye

Operation Permit by: _____ RS date 6/18/02

Existing System Inspection by: _____ date _____

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