IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089169 PIN# 4669003656 PT 4669005487 DATE 11/1/01

OWNER OR CONTRACTOR KFS INVESTMENTS 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 .491C SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-22-02 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 17 Date 4-25-02 System Description: PUMP 25% REDUCTION

Pump Make: Goulds Model WE0712H Serial No. 12-4-01 Repair System Description: UP PANEL

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

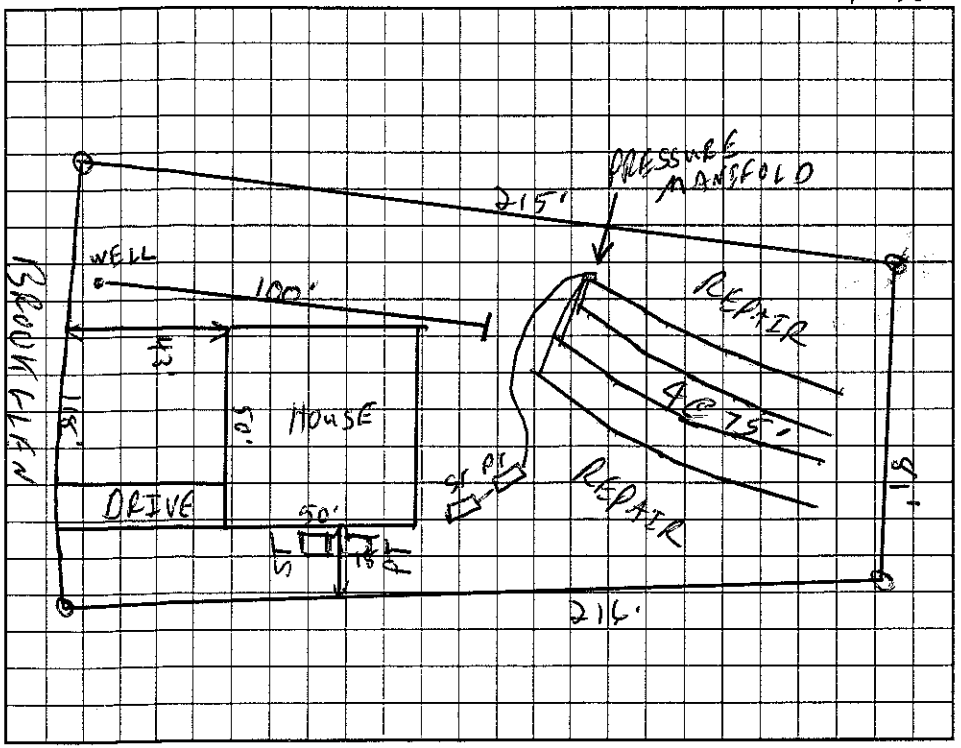
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 3BR

4/17/02 Plan conforms to AC requirements, Basement to be added - MCS

Comments:/Conditions: Easement From lot #53 required to meet 10' setback to PL See attached revised survey

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed "Plastic Chambers" for Drainfield

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. Hyatt KS date 11/1/01 Operation Permit by: Maria A. Hollomon RS date 6/23/02

Authorization to Construct by: Wesley Sparks RS date 4/17/02 Existing System Inspection by: _____ date _____

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