IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0891SB PIN# 4669003658 (pt) 4669-00-8359 DATE April 12, 01

OWNER OR CONTRACTOR Mike Krom 152 Brook Glen Dr. PHONE: Business 664-3671 Home

ADDRESS 149 Yacht Cove Ln. Mooresville N.C. 28115

LOCATION 115-21 N. TR Shinnville Rd. TL Brookglen Dr. on Right

SUBDIVISION Brookglen BLOCK / SECTION 1 LOT 13 LOT AREA .55 ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/14/01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Innovative -25% Red.

Repair System Description: LP 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

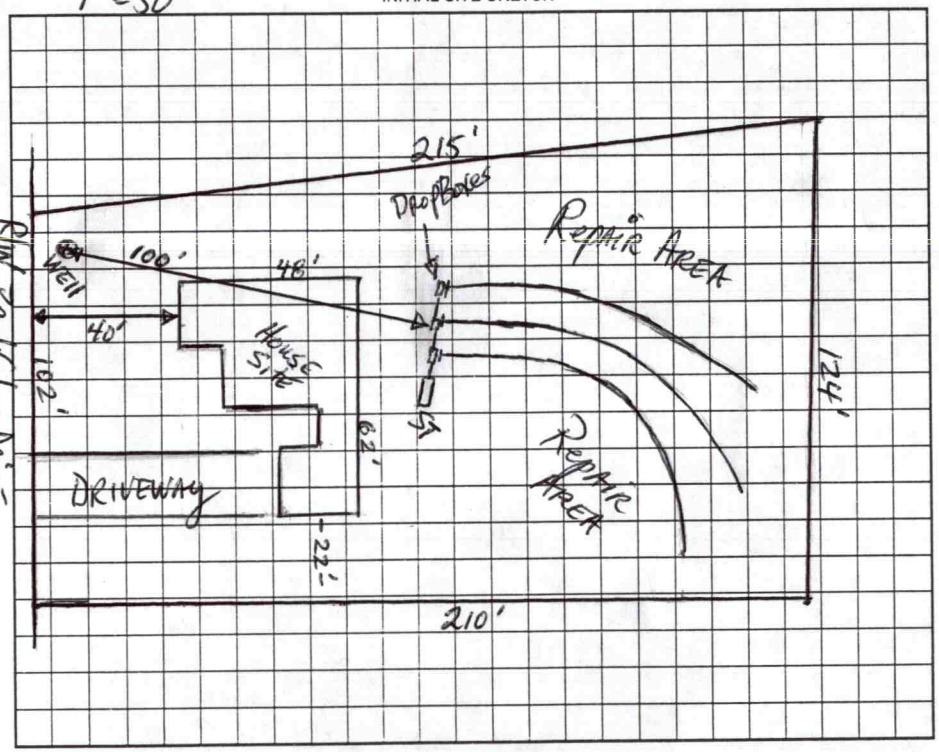
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

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 4.16.01 Installed by: Tommy Frye

Improvement Permit by: Mike Robinson, RS date 4-12-01 Operation Permit by: Gary Mackey, LSI date 7/12/01

Authorization to Construct by: David Robinson, RS date 4-12-01 Existing System Inspection by: date

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

VISION OF ENVIRONMENTAL HEALTH:
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

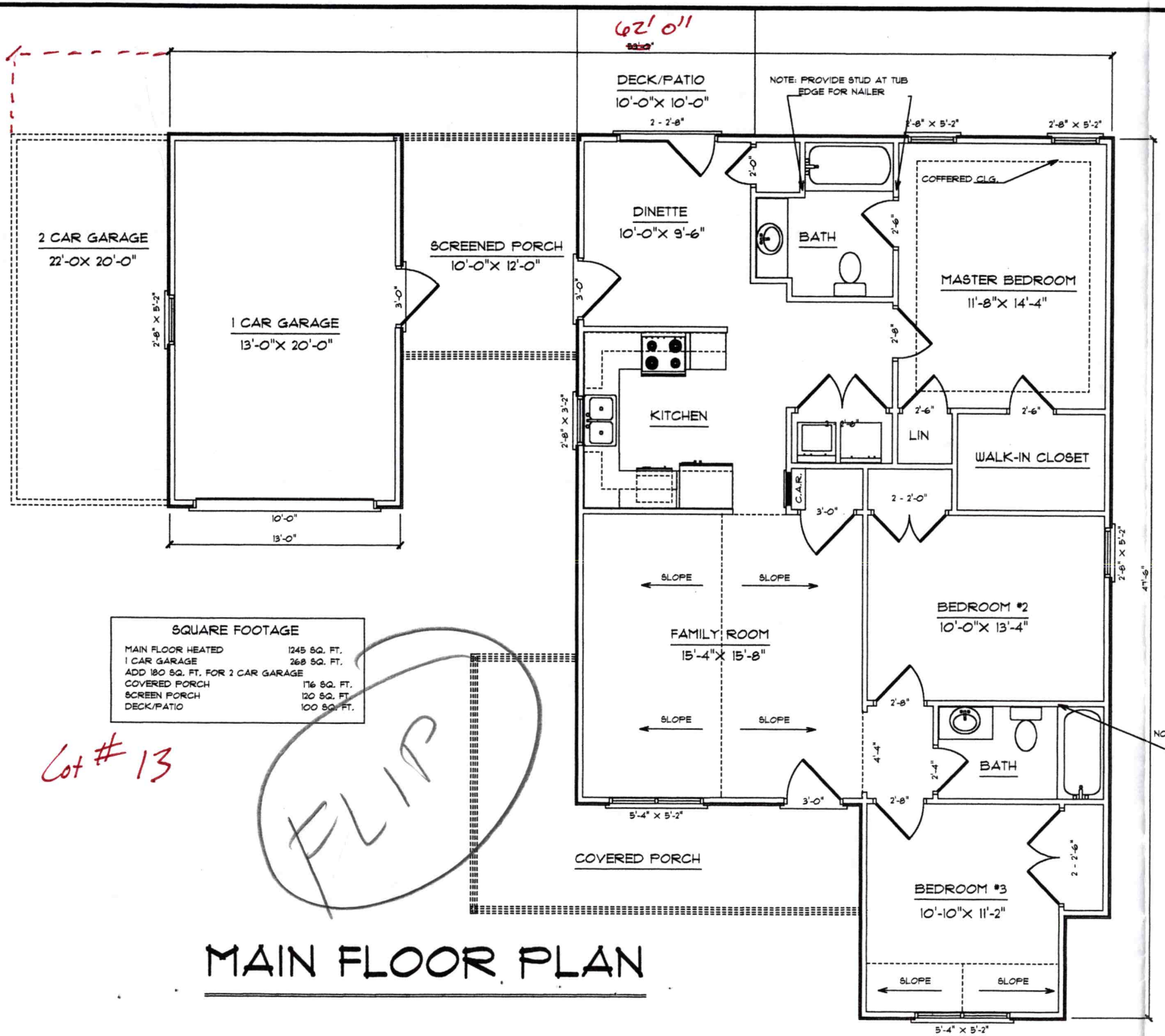
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: Krow APPLICANT: _____
DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 4-24-00
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
OCATION OF SITE: lot 13 Brook Glen PROPERTY RECORDED: _____
ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
YPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
		0-4	compacted sd	fi sssp					PS .3
		4-23	SAB RC	fi sp					
		23-58	wksab cl/L	frsssp few common inclsap					
		0-7	compacted sd	fi sssp					PS .3+
		7-21	SAB RC	fi sp					
		21-30	wksab cl	frsssp					
		30-60	SL SAP	fr NSAP					
		0-22	SAB RC	frsp					PS .3+
		22-30	SAB cl	SSSP few common inclsap					
		30-54	sd	many inclsap frsssp					
		54-62	SL SAP	fr NSAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
stem Type(s)		
e LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____



SQUARE FOOTAGE	
MAIN FLOOR HEATED	1245 SQ. FT.
1 CAR GARAGE	268 SQ. FT.
ADD 180 SQ. FT. FOR 2 CAR GARAGE	
COVERED PORCH	176 SQ. FT.
SCREEN PORCH	120 SQ. FT.
DECK/PATIO	100 SQ. FT.

Lot # 13

FLIP

MAIN FLOOR PLAN

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Michael Krom KFS Investments	664-3671	149 YACHT COVE	Mooresville	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
LARRY A. SLOOP	4587 Welborn Dr.	Sherrills Ford	NC	28673

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Brook Glen	13		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well	3-15-00	495-00-3656

Specific Directions to Property Hwy 115/21 to Shinnville Rd, East ½ mile to property on Left

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

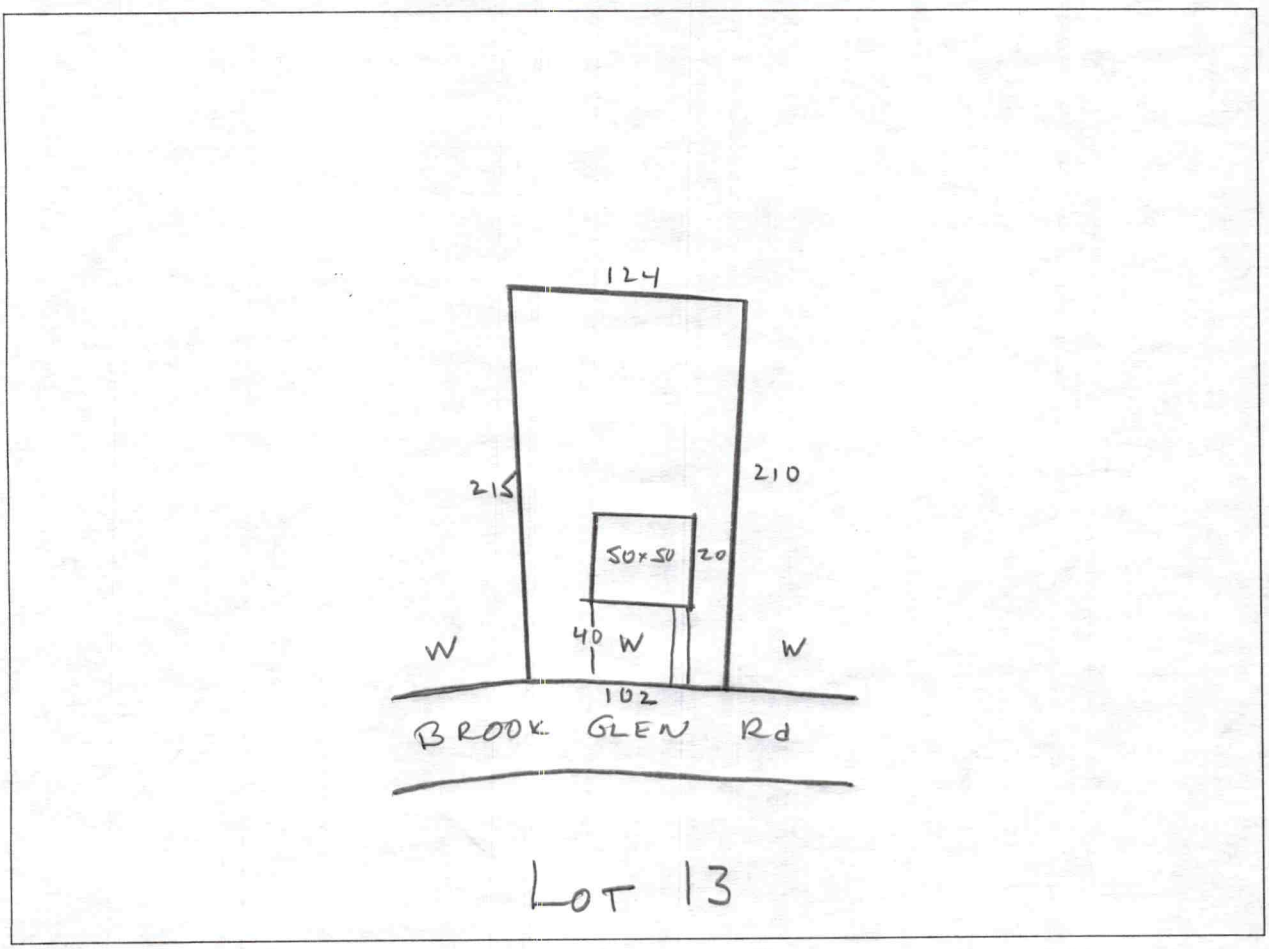
3-17-00 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

3-17-00 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT