IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089161 PIN# 4669003656 PT. 4669008634 DATE 10/31/01

OWNER OR CONTRACTOR MFS INVESTMENTS / RW ROBIE Construction PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN. MOORESVILLE NC 28115

LOCATION I-77 N. JR SHINNVILLE - TL BROOKGLEN - ON RT #162

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 15 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-2-02
Pump Tank: 1000 Gallons; PT 27 Date 8-3-02
Pump Make: Gouds Model WE0511H Serial No. K0247027
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 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

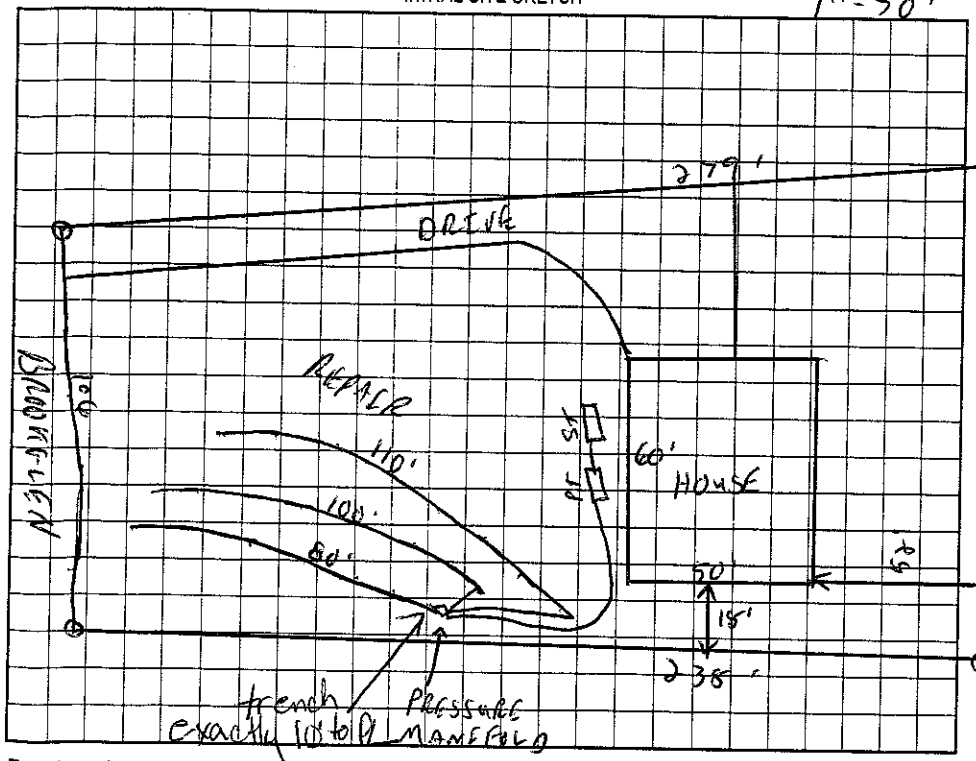
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

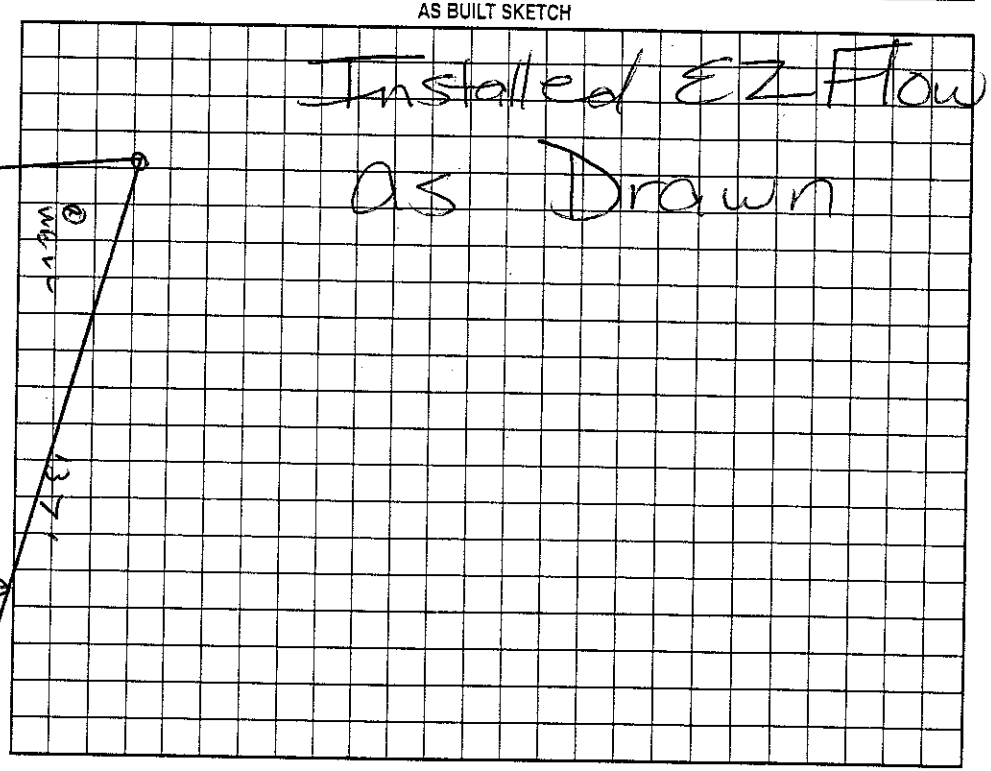
Comments:/Conditions:

Comments:/Conditions: Yellow filter installed
Checked tanks & lines 11/25/2002
Pressure Checked 11/26/02

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: C. Gray RS date 10/31/01

Authorization to Construct by: Mark Hoffman RS date 8-14-02

Installed by: Tommy Fryar RS

Operation Permit by: Marie Watson RS date 12/20/02

Existing System Inspection by: _____ date _____

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