IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89003 PIN# 4669003656 PT 4669012122 DATE 8/23/01

OWNER OR CONTRACTOR KFS INVESTMENTS PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE MOORESVILLE, NC 28117

LOCATION HWY 115/21 N - TR SHERRILLS FORD RD - TL BROOKGLEN - ON LT

SUBDIVISION BROOKGLEN BLOCK / SECTION 1 LOT 58 LOT AREA 1.12 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-4-01
Pump Tank: 1000 Gallons; PT 17 Date 3-24-01
Pump Make: Goulds Model WE05111H Serial No.
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 300
No Lines 3 @ 100' 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

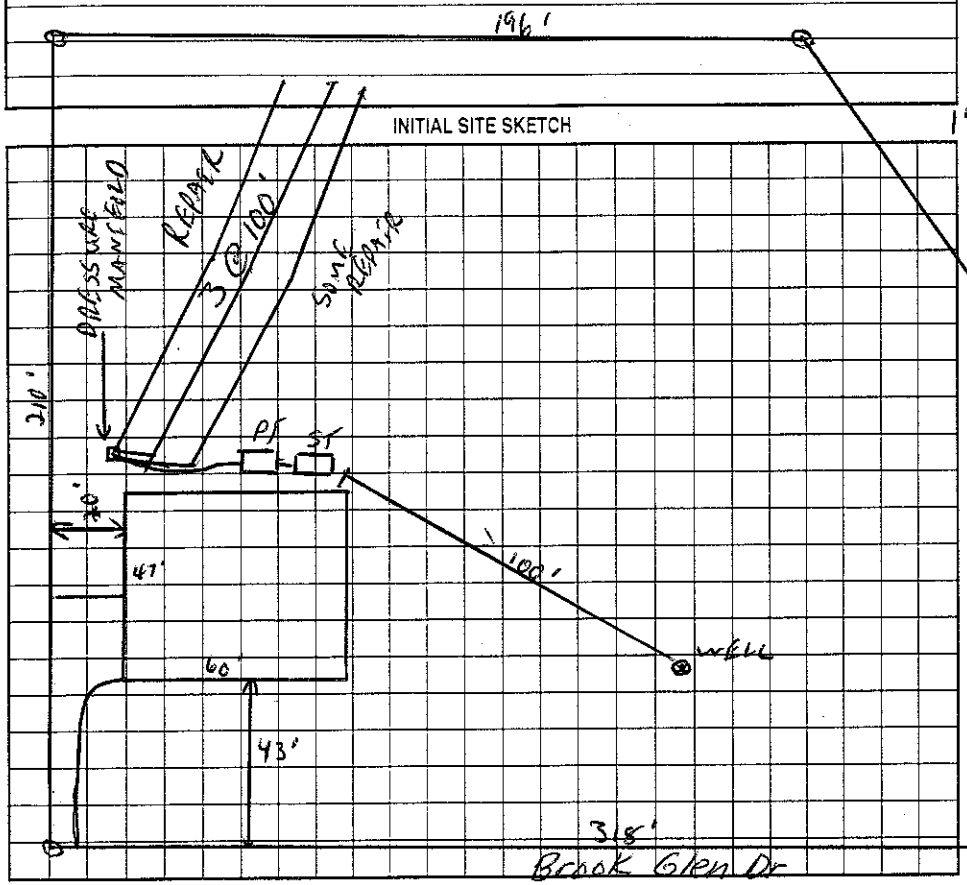
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Tanks checked 11/29/01 Filter installed. Pressure & lines checked 12/3/2001

INITIAL SITE SKETCH



1" = 50'

AS BUILT SKETCH

Installed "Plastic Chambers" as drawn

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 8.26.01

Improvement Permit by: C. Myers RS date 8/23/01

Authorization to Construct by: C. Myers RS date 8/23/01

Installed by: Tommy Frye Grading

Operation Permit by: Maria H. Dixon RS date 2/14/2002

Existing System Inspection by: date

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