IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104560 PIN# 4659-92-5352.87 4669-02-2663 DATE July 18, 02

OWNER OR CONTRACTOR KFS Investments / Calkins Homes PHONE: Business Home

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21N TR Shinnville Rd TL Brookglen Dr. cul-de-sac Bear Right on Right (383 BROOKGLEN)

SUBDIVISION Brookglen BLOCK / SECTION 2 LOT 87 LOT AREA .97Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-9-03 ☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

Pump Tank: 1000 Gallons; PT 283 Date 5-30-03 System Description: LP PPBPS

Pump Make: Zoeller Model 1/2 HP Serial No. Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet 400/1600 Linear Feet 200 Maintenance Agreement Required: ☑ Yes ☐ No

No Lines 2@100' Trench Width 24" MIN 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

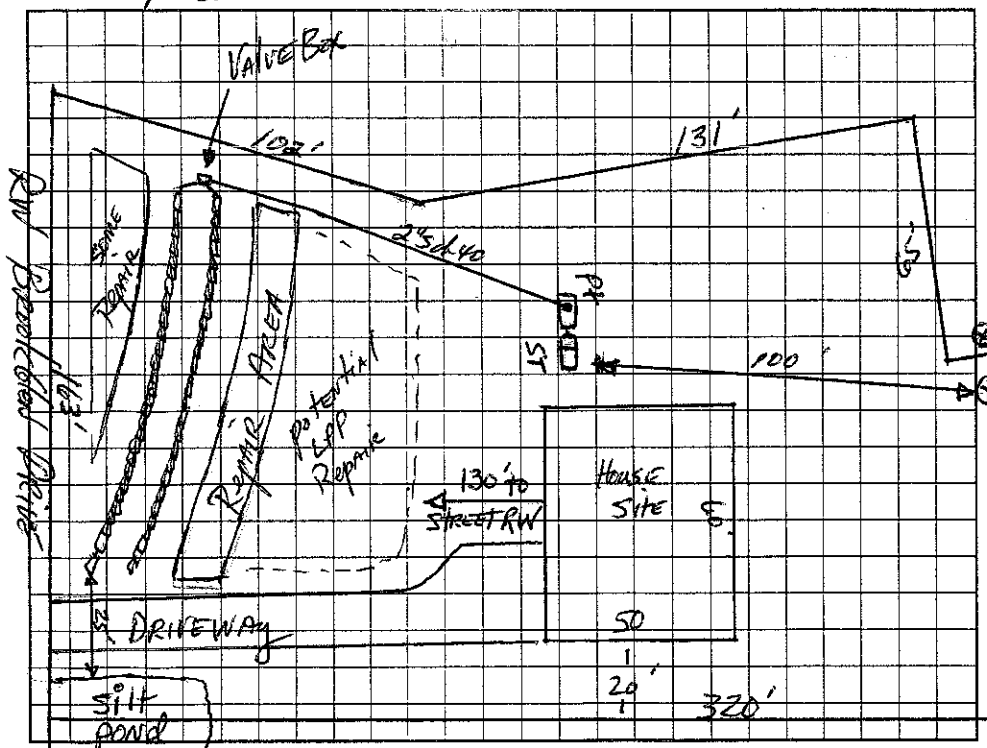
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

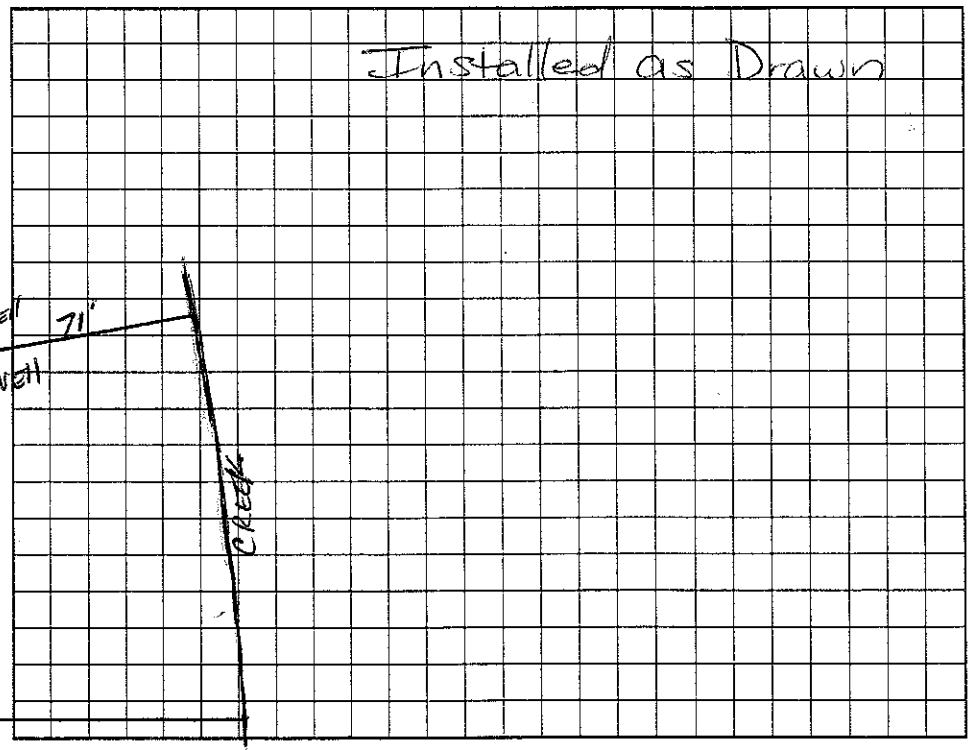
Comments/Conditions: OR 36" MAX 9'OC
Remove any old drums / terraces in septic system area.

Comments/Conditions: Checked tanks 8/22/03
3 panels each line 5/32" hole drilled
lines Checked 8/26/03
Pressure Checked 8/26/03

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 8-9-02 Installed by: Willie Christenbury

Improvement Permit by: _____ RS date 7-18-02 Operation Permit by: _____ RS date 10/14/03

Authorization to Construct by: _____ RS date 6/17/03 Existing System Inspection by: _____ date _____

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