IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104502 PIN# ~~4659-92-5352.000~~ 4669-02-2663 DATE July 18, 02

OWNER OR CONTRACTOR KFS Investments / E.S. JOHNSON PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Ln. Mooresville 28117

LOCATION 115-21 N TR Statesville Rd. TL BrookGlen Dr. cross CREEK BEAR Right on Right

SUBDIVISION BrookGlen BLOCK / SECTION 2 LOT 86 LOT AREA 1.02Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. n.3

Septic Tank: 1000 Gallons; STB 7941 Date 9-27-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

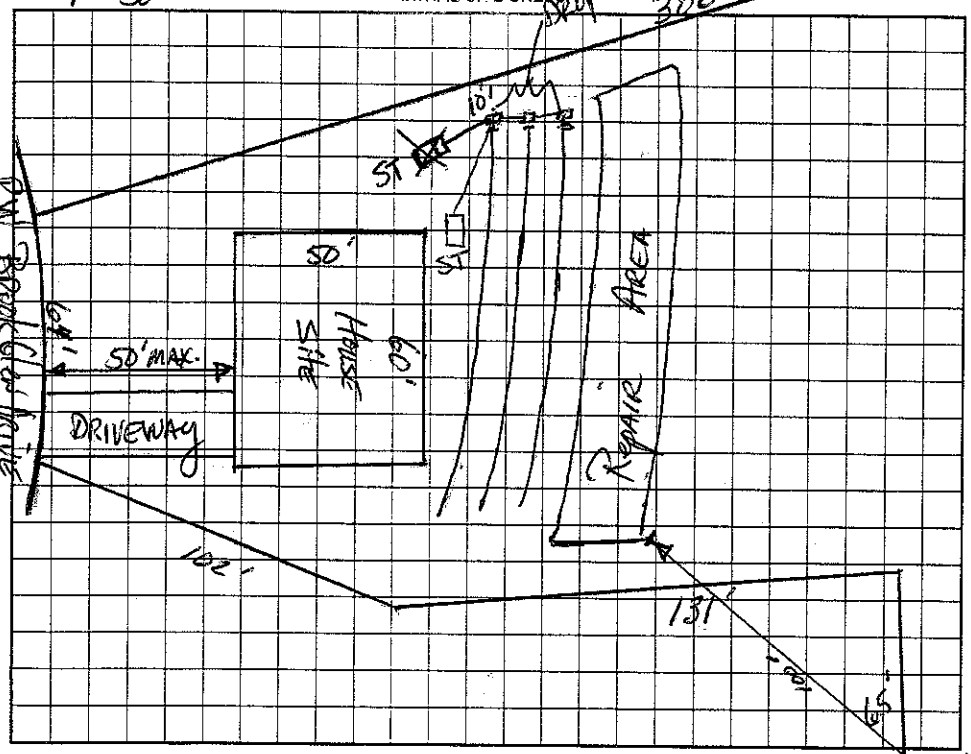
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Locate well EXACTly where shown.
Remove any old drums/terraces in septic system area.

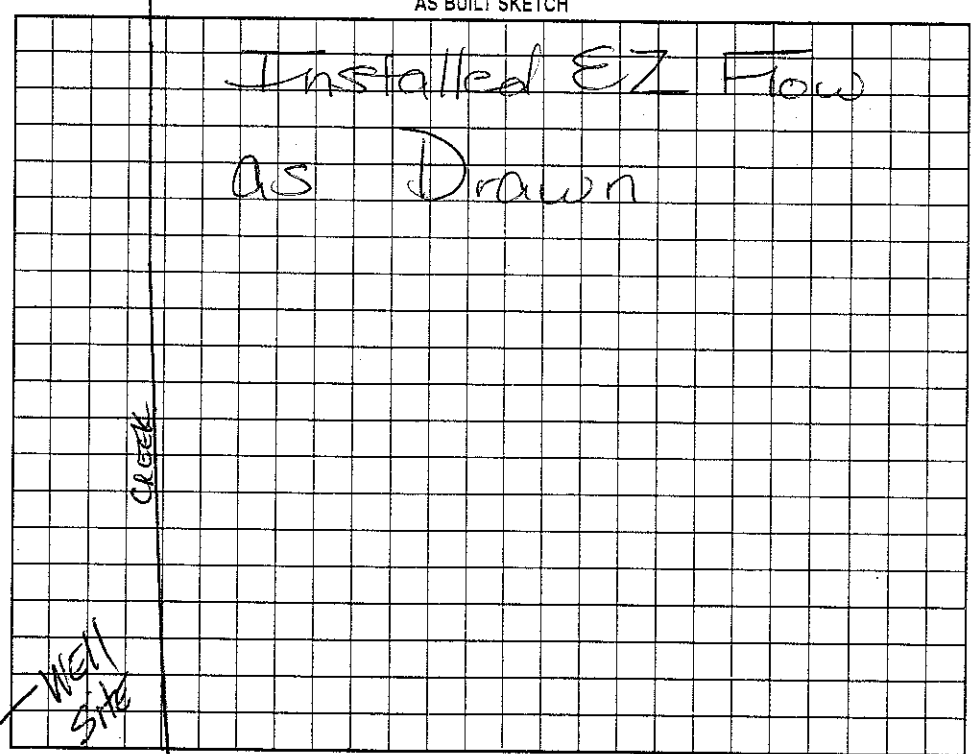
Comments:/Conditions:

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 8-9-02

Improvement Permit by: _____ date 7-18-02

Authorization to Construct by: _____ date 3/27/03

Installed by: Willie Overstenbury

Operation Permit by: _____ date 11/17/03

Existing System Inspection by: _____ date _____

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