IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 088992 PIN# 4669003656 (pt) 4669-11-1412 DATE October 23, 2000

OWNER OR CONTRACTOR Mike Krom PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Lane Mooresville

LOCATION 115 N. TR Shinnville Rd. TL Brook Glen TR. Jennifer Way AT END

SUBDIVISION Brook Glen BLOCK / SECTION _____ LOT 21 LOT AREA 1.034 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 12-3-00
Pump Tank: 1000 Gallons; PT 27 Date 5-29-00
Pump Make: Goulds Model WE05111+ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 @ 120' or 4 @ 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

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

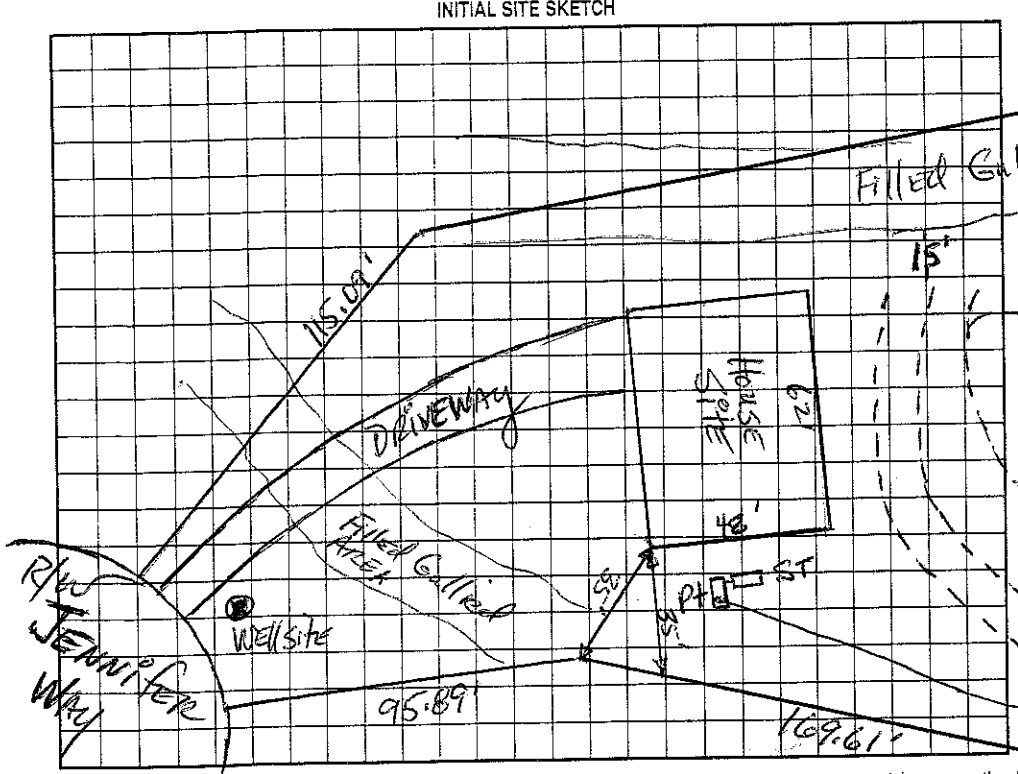
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

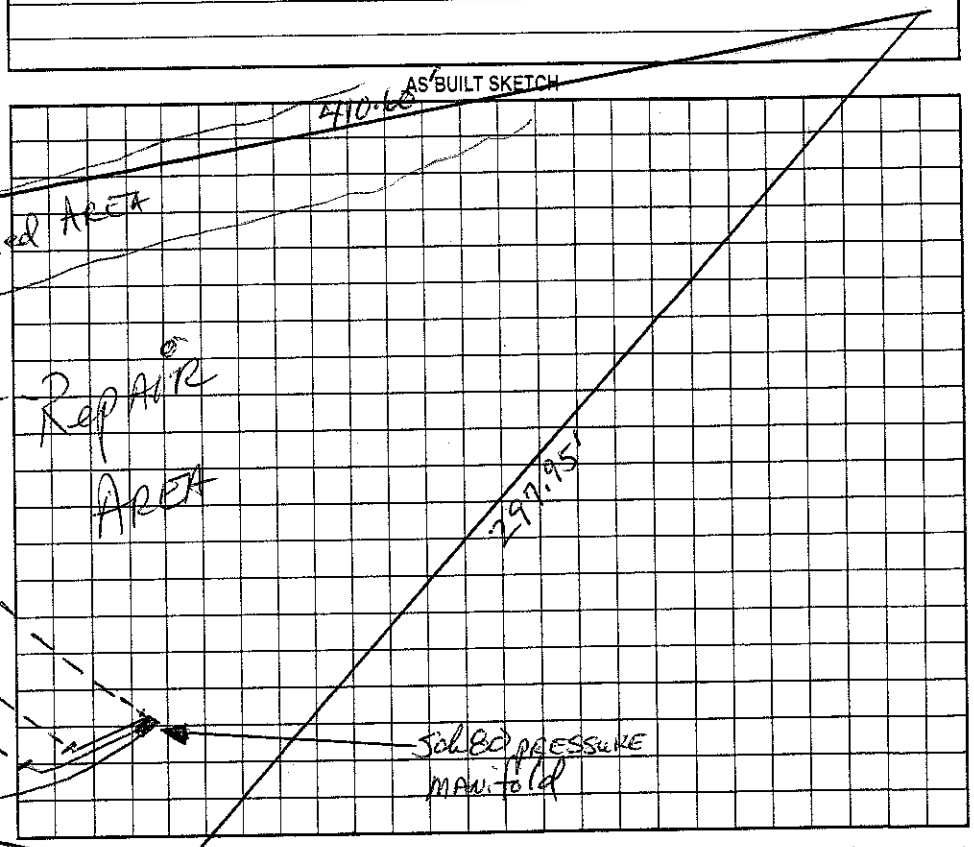
Comments:/Conditions: Maintain 100' between well & septic tank/pump tank.

Comments:/Conditions: Tanks, lines & pressure checked 1/11/2001

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 10-24-00 Installed by: Tommy Frye

Improvement Permit by: [signature], RS date 10-23-00 Operation Permit by: Wesley Upchurch, RS. date 4/6/01

Authorization to Construct by: [signature], RS date 10-23-00 Existing System Inspection by: _____ date _____

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