IREDELL COUNTY HEALTH DEPARTMENT

910 Cornelius Rd Mooresville

STATESVILLE 704-878-5305

Mills Pond

MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20116 DATE March 26, 95 TAX MAP NO. part of 2545 4638 97 8502 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Krom Financial Services PHONE: Business 664-3671 Home

ADDRESS 19 Yacht Cove Rd Mooresville

LOCATION Cornelius Road 2nd lot on right after crossing lake in Mills Forest West

SUBDIVISION Mills Forest West Pond BLOCK / SECTION SEC 1 LOT 2 LOT AREA .89AC SITE CLASS. B per 1996 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10/11/96

Pump Tank: 1000 Gallons; PT 49 Date 10/11/96

Pump Make: ZOELLER Model N-37A Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 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/pm/Infiltrator LPP60BS

Repair System Description:

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

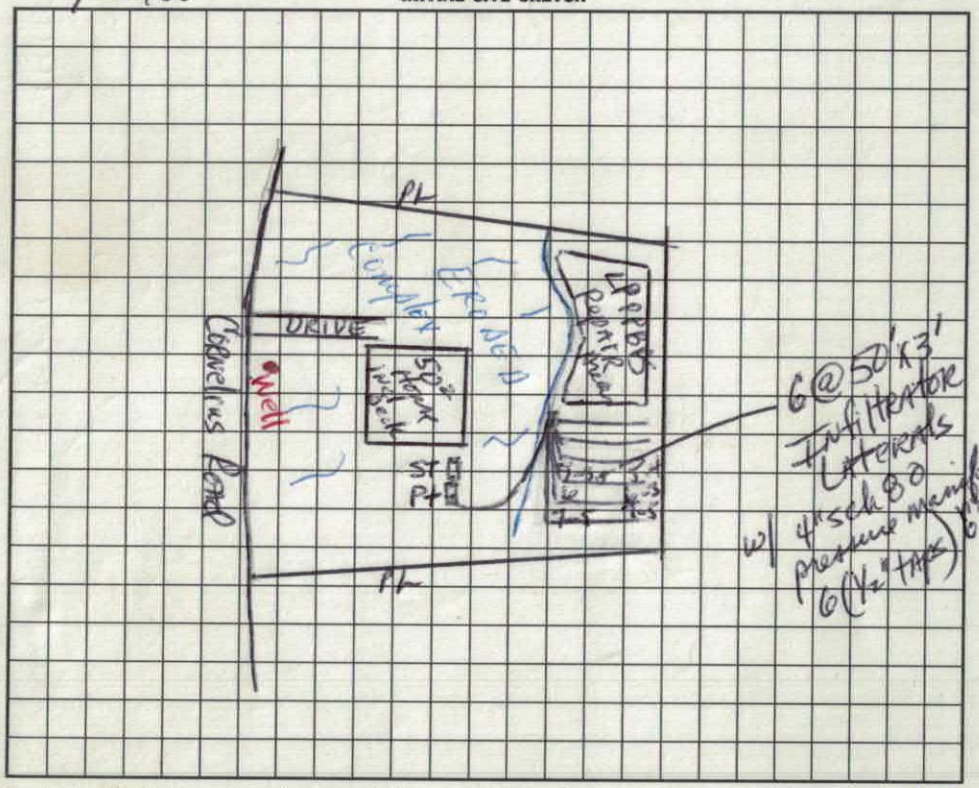
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Laterals to follow contour

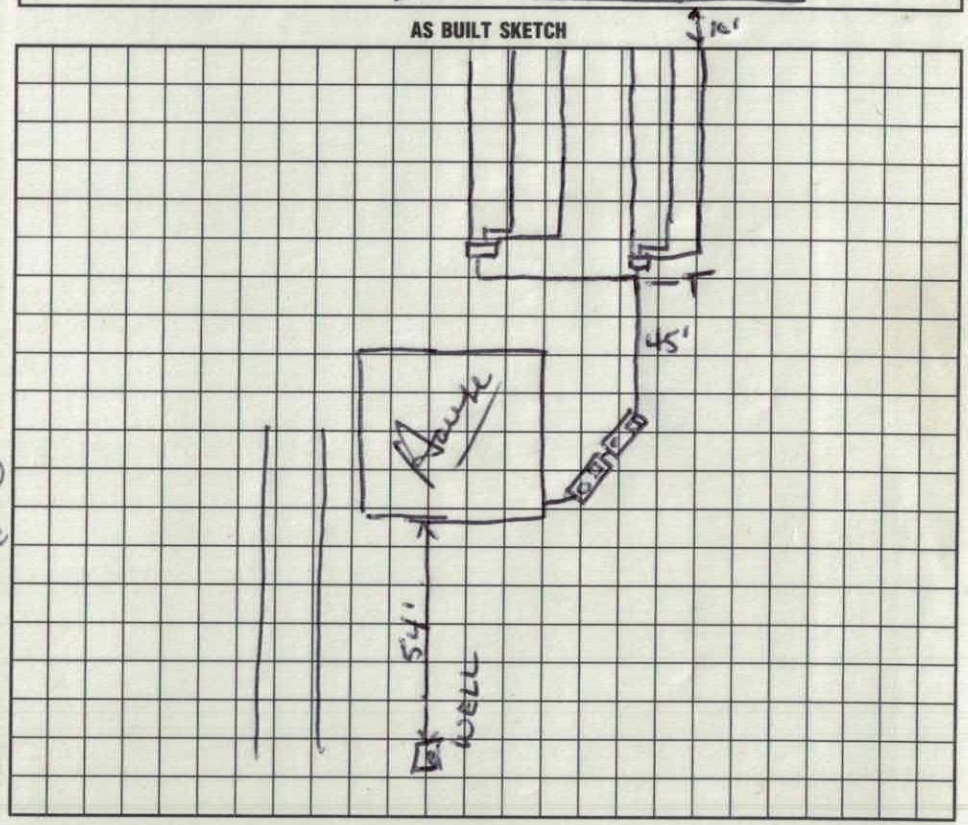
Comments: DEVELOPER TO SUBMIT PERMIT atw 9/6/95

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: 9/9/95

Improvement Permit by: Jack Hoffman, RS Wesley Sparks RS date 3/26/95

Existing System Inspection by: date

Installed by: Rowen Septic Tank

Certificate of Completion by: date

Operation Permit by: Wesley Sparks RS date 12/11/96

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

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

No. 20116

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (X) Improvements Permit (X) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Construct a dwelling

Location: Perth Rd TL Cornelius 1/2 Mi on Lt near water

Tax Map No.	Township	Jurisdiction	Zoning
2S-A-51	Davidson	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Mills Forest West	2	0.80	( ) yes (X) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS IV CA

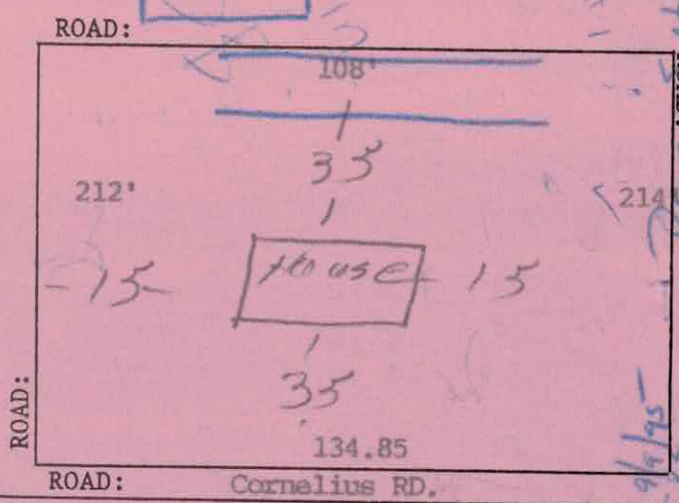
TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

Z 15.00
HD 25.00



OWNER	ADDRESS	PHONE NO.
KROM FINANCIAL SERVICES	19 YACHT COVE ROAD MOORESVILLE, NC	664-3671

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 1-20-95

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 21780 Z sq. ft. Front yard depth 35' ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Do not issue building permit until plat is recorded

ZONING ADMINISTRATION DIVISION

Approved by — Date: 1-26-95

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Krom Financial Svs	664-3671	149 Yacht Cove	Mooresville	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
Crescent Resources	4005 Tryon #1300	Charlotte	NC	28201

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Mills Forest West	2		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well	1-18-95	2551 (Part)

Specific Directions to Property Hwy 150 to Perth, North to Cornelius

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab X Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

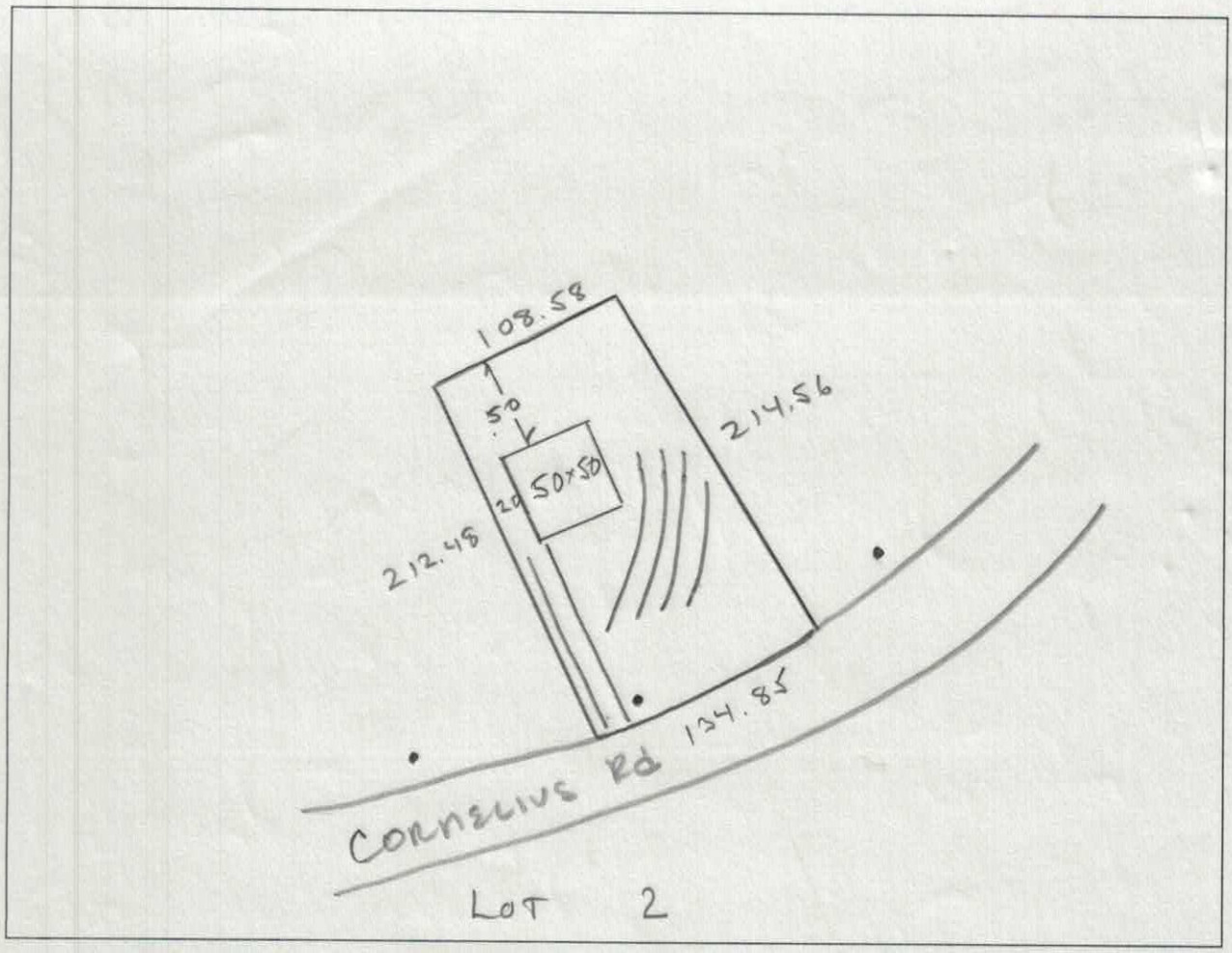
1-26-95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

1-26-95 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY I.D.#: _____
PROPERTY RECORDED: _____
COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Mike Krom OWNER: AGENT: PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/6/95
_____ PROPOSED FACILITY: 360 gpd
_____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 2, Mills Court West
WATER SUPPLY: On-Site Well ___ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ___ Pit ✓ Cut ___

PROFILE #	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1		0-3"	cl wk sbk			3" +			
		3-48	sapridyte - wat.						
2		0-32	SSAB - C						.4
		32-48	wk SAB - cl						.3
3		0-5"	gr - scl	1:1 vfr					.4
		5-23	SSAB - C	1:1 fi					
		23-48	wk SAB - cl	1:1 mfi					.3
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____
EVALUATED BY: _____ OTHER(S) PRESENT: _____
COMMENTS: _____