IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 20135 DATE March 31, 95 TAX MAP NO. part of 2SA51 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Room Financial Services PHONE: Business 4638-97-8973 Home WS IV

ADDRESS 19 Yacht Cove Rd. Mooresville

LOCATION Leith Rd. TR Cornelius Rd TL Mills Pond Rd. at end on left

SUBDIVISION Mills Pond West BLOCK / SECTION ____ LOT 20 LOT AREA 0.74 AC SITE CLASS. B per 1952 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 gal Gallons; STB 825 Date 5/14/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: gravity LPPFBPS

Repair System Description: LPPFBPS

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

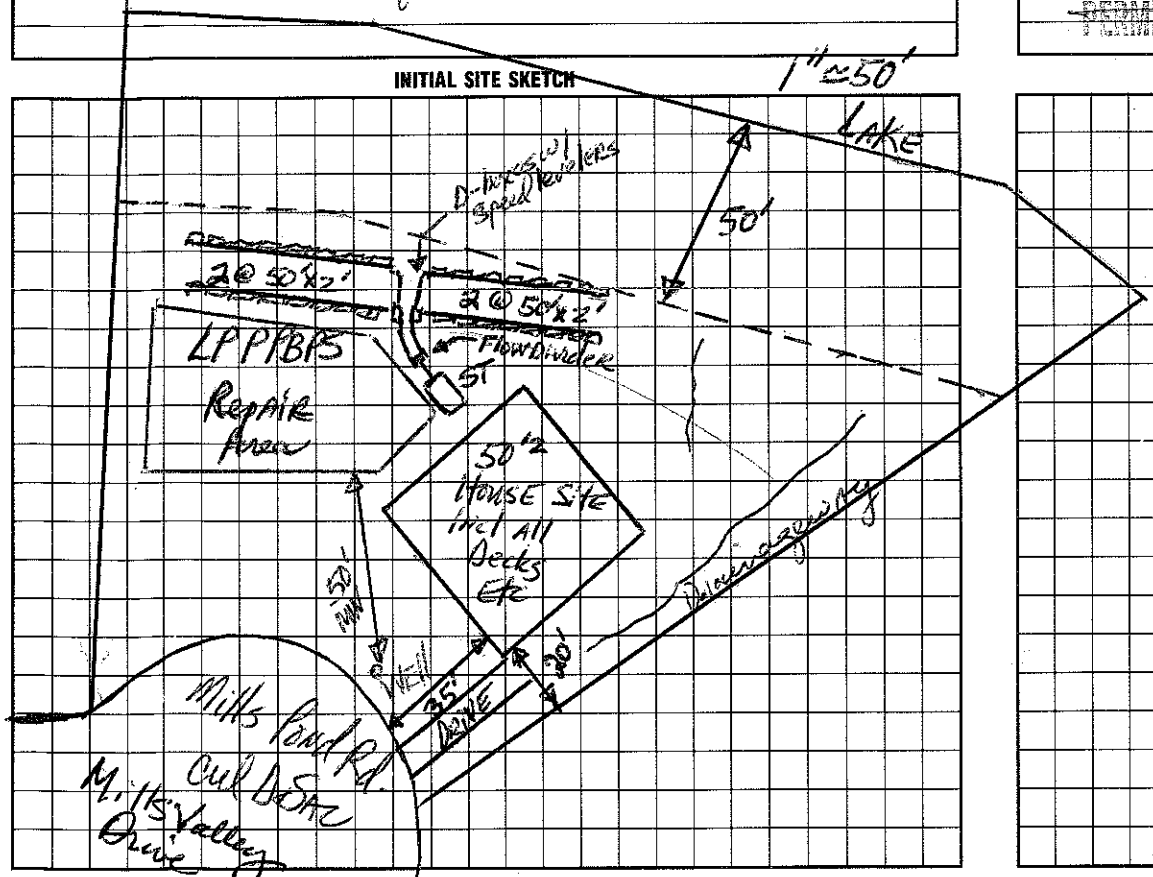
Comments: Very thick vegetation obscures much of site. Site can be reevaluated for Infiltrator once it has been cleared.

Comments: ~~DEVELOPER~~ Ready to Issue

~~PERMIT~~

12-5-95 - Site revisited; Initial system will fit as open Infiltrator w/ open bond. (2@150')

INITIAL SITE SKETCH 1" ≈ 50'



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: ____ Wesley Sparks RS 7/17/95

Improvement Permit by: John R. Hanson, Jr. RS date 3/31/95

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 12/14/95

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