3:00

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. 22170 DATE Feb. 6, '96 TAX MAP NO. part of 25A51 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Krom Financial Services PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd. Mooresville 4638-99-0165

LOCATION Complex Rd. Turn on Creekview on Right

SUBDIVISION Millsford BLOCK / SECTION _____ LOT 36 LOT AREA .55 Ac SITE CLASS. PS pre.1956 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth ~ 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: gravity conventional

Repair System Description: gravity INFILTRATOR

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

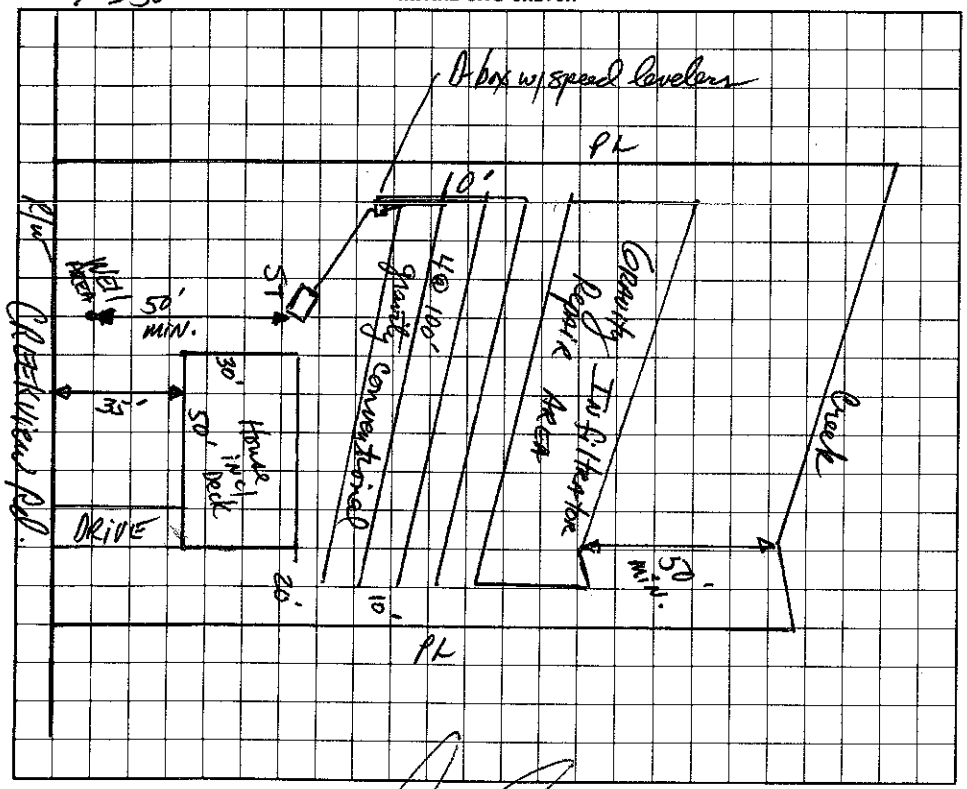
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

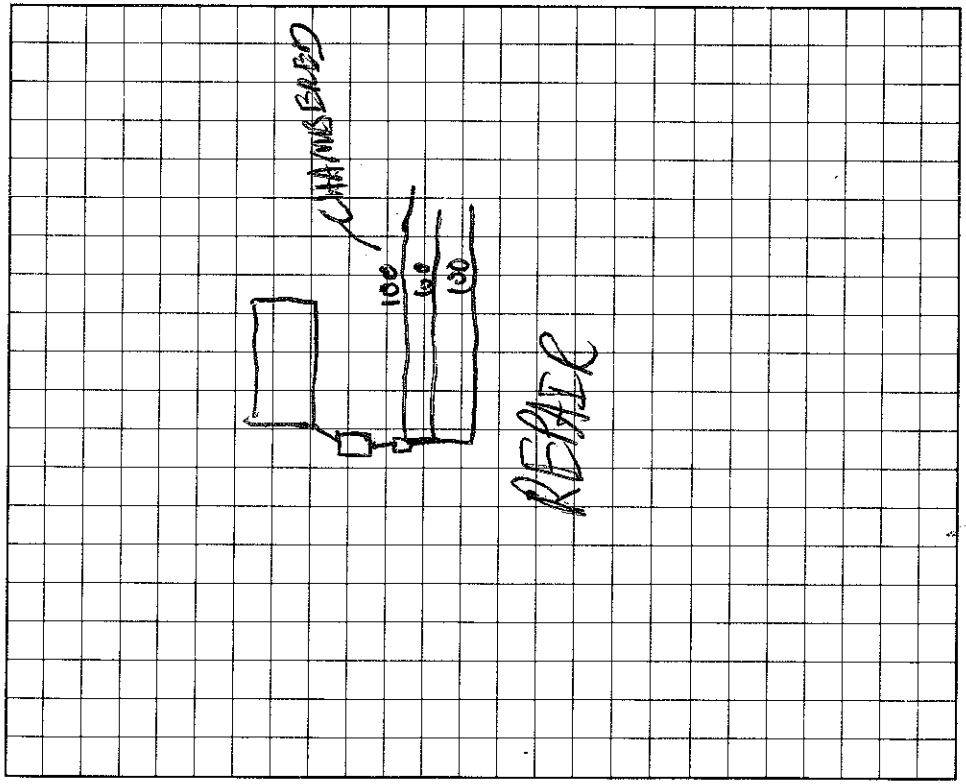
Comments:

1" = 50'

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.

Signed _____

Improvement Permit by: _____, RS date 2-6-96

Existing System Inspection by: _____, RS date 2-6-96

Installed by: ROWAN SEPTIC

Certificate of Completion by: _____ date _____

Operation Permit by: C. Brady Fearn EHSI date 8/8/96

Authorization to construct

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