IREDELL COUNTY HEALTH DEPARTMENT

Authorization To Construct

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

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

PROPERTY DESCRIPTION NO. 20543 DATE 9/23/96 TAX MAP NO. Pt of 25 A51 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Knox Financial PHONE: Business Home 4638-99-1418

ADDRESS 19 Yacht Cove Rd. Mrsl, NC.

LOCATION Complies TR Creek View on left corner of Wadenich Ln.

SUBDIVISION Millstone W BLOCK / SECTION LOT 77 LOT AREA .91 AC SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 9/11/96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth STONE

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: GRAV - INFILTRAT

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

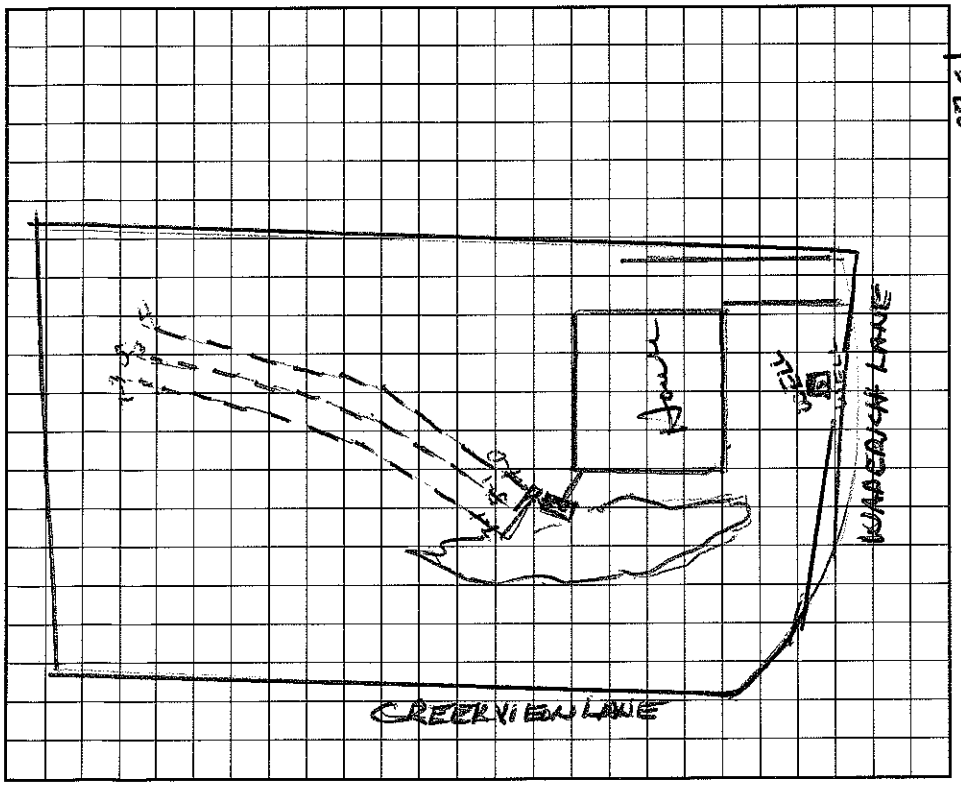
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

Comments:

Comments:

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: date

Existing System Inspection by: date

Installed by: Rowan Septic Tank

Certificate of Completion by: date

Operation Permit by: Wesley Sparks RS. date 9/23/96

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

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. 20543 DATE April 23, 95 TAX MAP NO. part of 2SA51 Watershed: ☑ Yes ☐ No

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

ADDRESS 19 Yacht Cove Rd, Mooresville

LOCATION Perth Rd N. TR Cornelius Rd. TL Creek View Lane on left corner lot w/ Windrush Lane

SUBDIVISION Mills Pond BLOCK / SECTION _____ LOT 77 LOT AREA .91Ac SITE CLASS. 5 Sept 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 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity Infiltrator

Repair System Description: Grav PPBRS

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

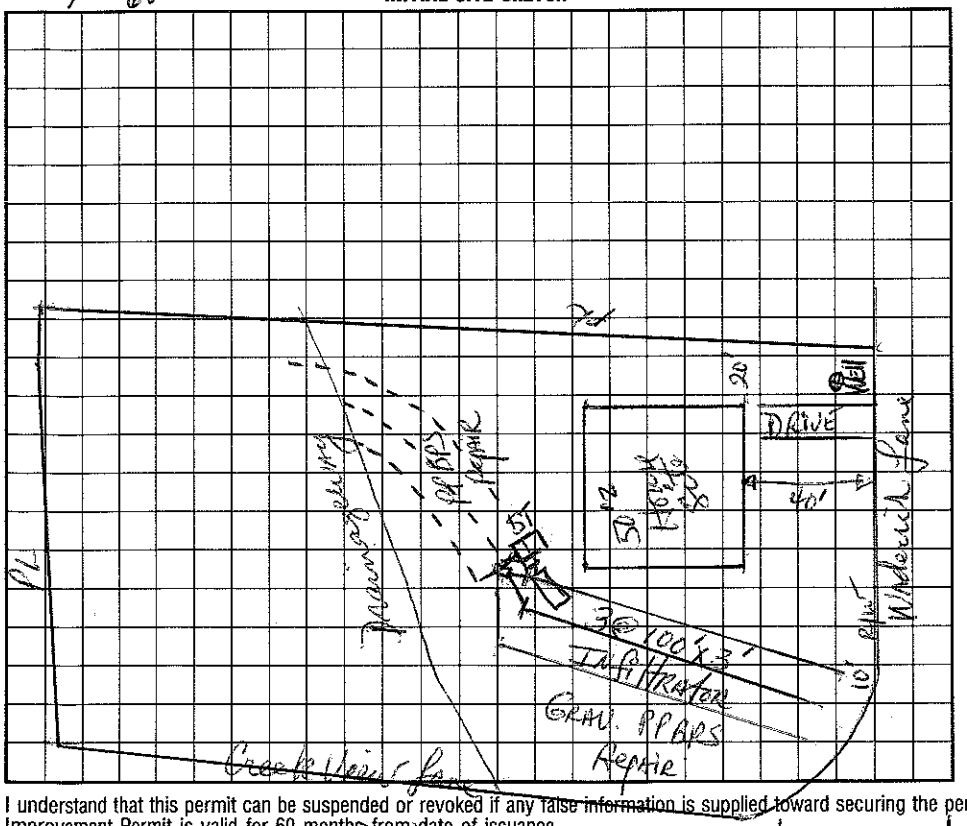
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

DEVELOPER [redacted] AWS 9/23/95

1"=60'

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: _____ RS Wesley Sparks RS 9/23/95

Improvement Permit by: Steve D Hamm, RS date 4/23/95

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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