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. 22208 DATE Dec 5, 1995 TAX MAP NO. part of 25A51 4639900078 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Keon Financial Services PHONE: Business _____ Home _____ WS4CA

ADDRESS 149 Yacht Cove Ln. Mooresville

LOCATION Conpelius Rd. Turn on Creekview TL Millbrea Ln. on left @ Cul-d-sac

SUBDIVISION Mills Pond BLOCK / SECTION phase 2 LOT 85 LOT AREA .54AC SITE CLASS. BS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB S25 Date 11/9/95
Pump Tank: 1000 Gallons; PT 47 Date 10/13/95
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 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pumped/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

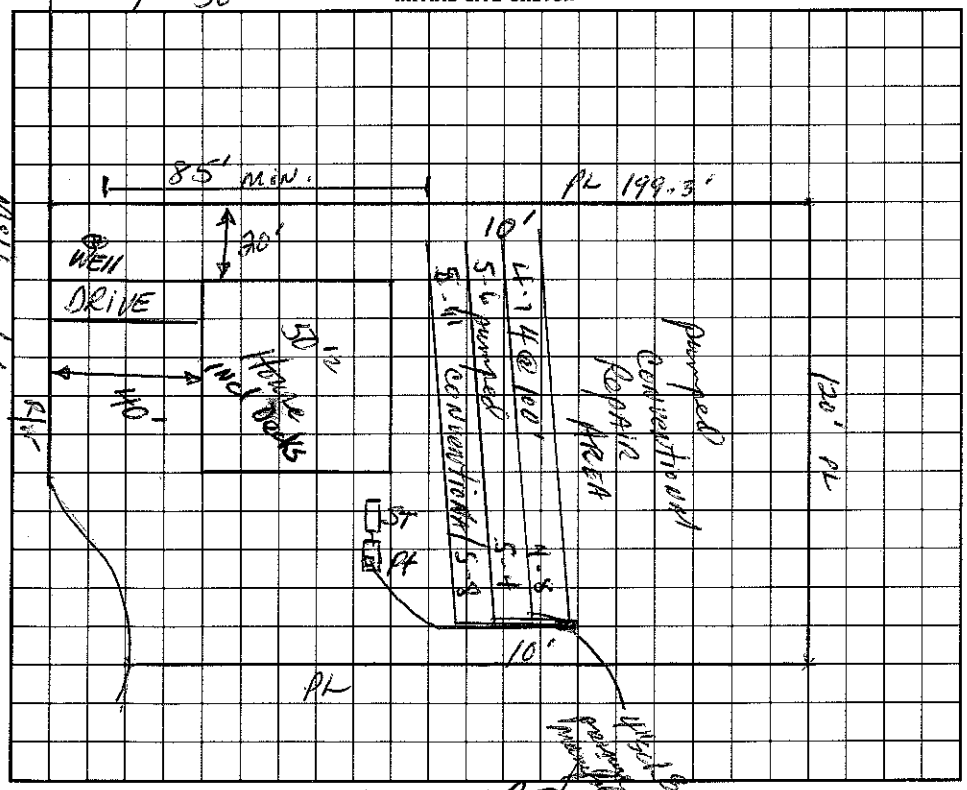
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

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.

Signed: X _____

Improvement Permit by: _____, RS date 12-5-95

~~Authorization~~ Existing System Inspection by: _____, RS date 12-29-95
To Construct

Installed by: Rowan Septic

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 1/29/96

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