IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 20712 DATE 4/1/97 TAX MAP NO. 2621 A2 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Thomas + Colleen Cronin PHONE: Business 4645-28-1229 Home 314-963-9720

ADDRESS Lynn Cove Rd. Mooresville NC.

LOCATION Above TR Templeton straight at tree TR Lynn Cove, 2nd lot on (L)

SUBDIVISION Morgan Landy BLOCK / SECTION 1 LOT 2 LOT AREA .50 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/8/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 540 * Linear Feet 270 *

No Lines 3 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 16" PPBS - GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

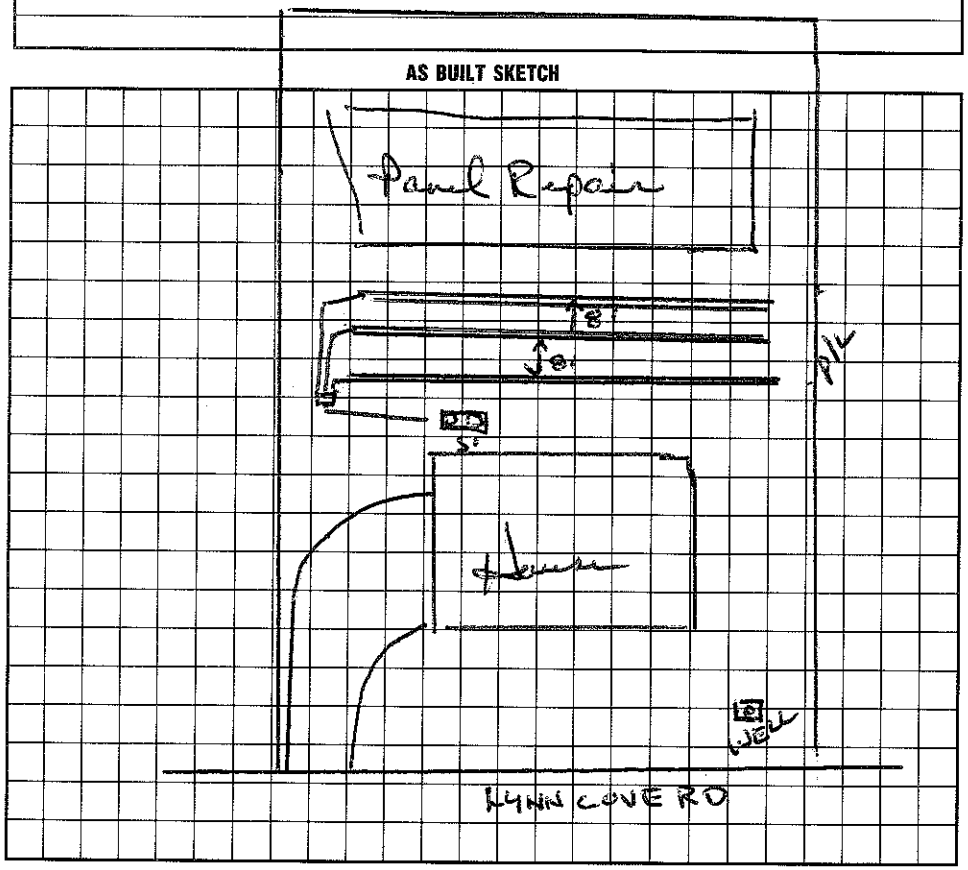
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: * 50 reduction for 16" PPBS use

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Permit by: ____ date ____

____ date ____

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks RS date 4/1/97

Operation Permit by: Wesley Sparks RS. date 4/1/97

INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 20912
OWNER OR CONTRACTOR Thomas + Colleen Cronin DATE 4/10/95 TAX MAP NO. 2G 21 A2
ADDRESS 324 Honeysuckle Ln. Webster Grove, MO. 63119 PHONE: Business ______ Home 314-963-9720
LOCATION ______ Watershed: ☐ Yes ☒ No
SUBDIVISION Morgan Landing BLOCK / SECTION 1 LOT 2 LOT AREA .50 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/8/97
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 270 ±
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY - PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

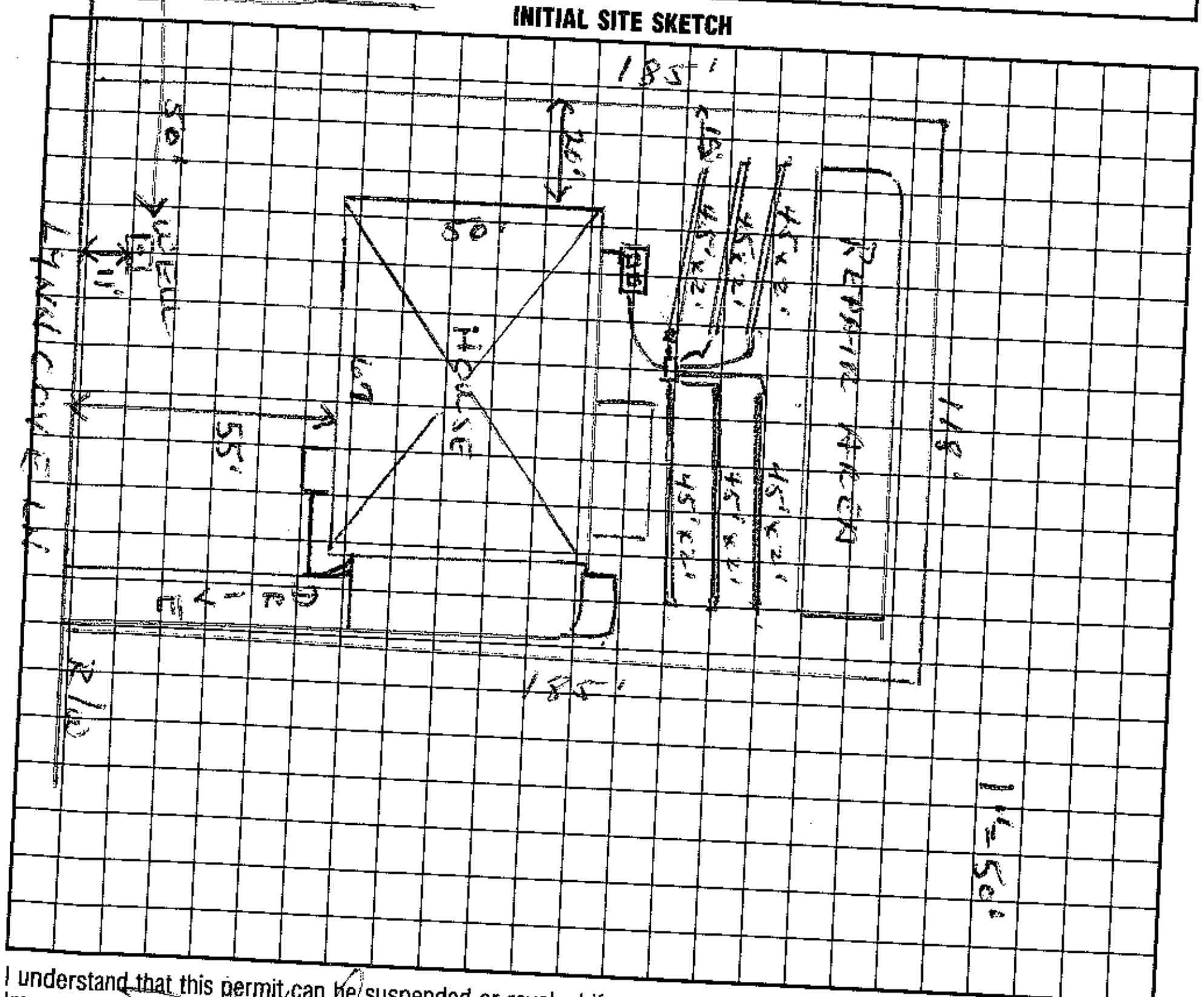
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Bathrooms 3 No. Employees ______

Water Supply: ☒ Individual ☐ Community ☐ Public

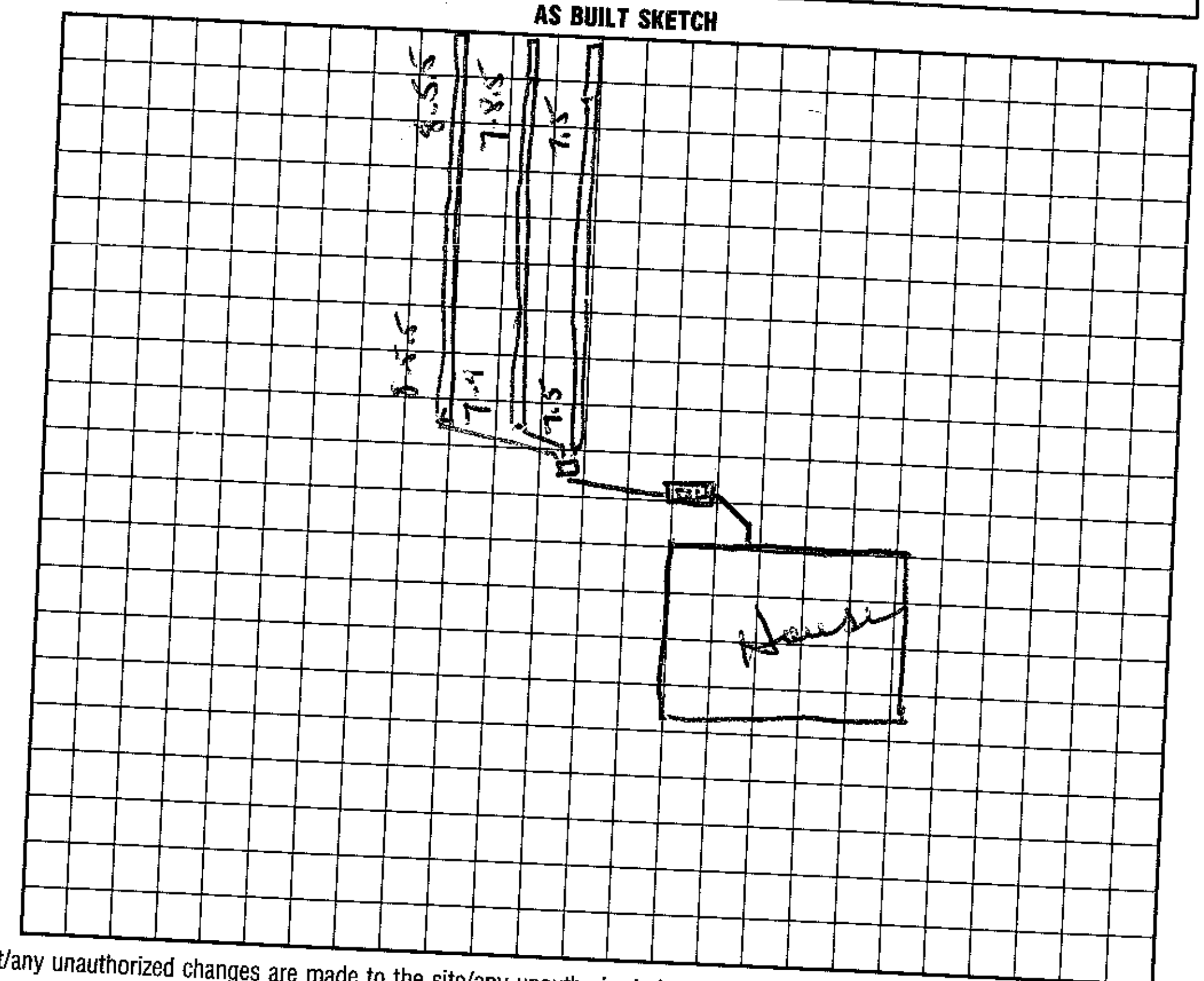
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: * [signature]

Improvement Permit by: Wesley Sparks RS. date 4/10/95 Installed by: ______

Existing System Inspection by: ______ date ______ 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