# 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. ~~17278~~ 17288 DATE 3-10-94 TAX MAP NO. 25 A 51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KROM FINANCIAL SERVICES PHONE: Business 664-3671 Home

ADDRESS 19 Yacht Cove Mooresville NC 28115

LOCATION north side of cornelius road west of judas road 4648-08-5848

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 40 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 625 RS Date 2-27-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 4 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: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

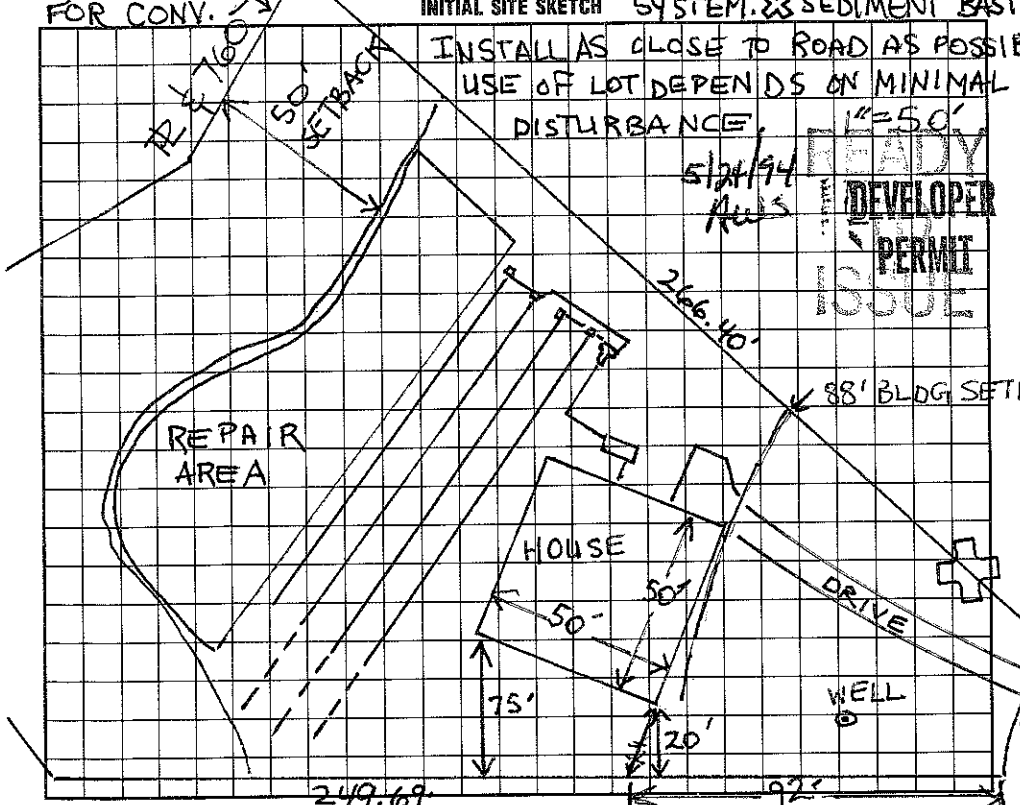
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

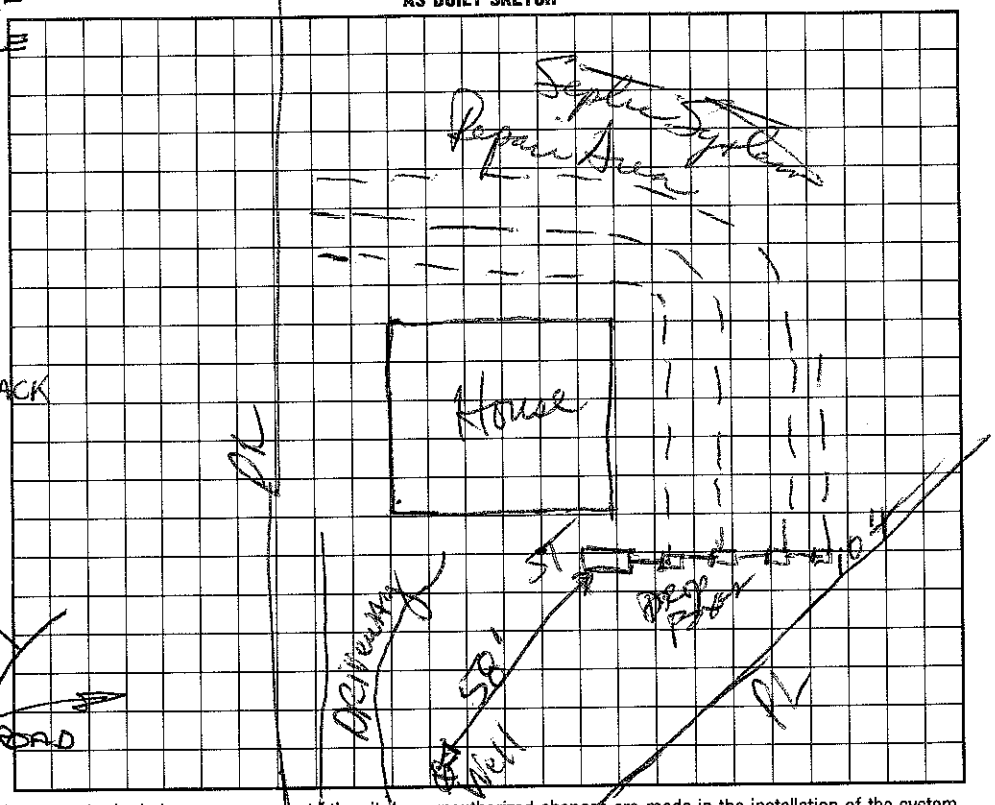
Comments: do not install during wet soil conditions or rain direct downspouts away from system. IF LATERAL LENGTHS CAN BE INCREASED TO 133' ea. w/ # OF LATERALS = 3, D. BOX MAYBE USED INSTEAD OF TEE. ALSO, REPAIR AREA COULD BE REEVALUATED FOR CONV. SYSTEM. & SEDIMENT BASIN-

Comments: House plan appears to be reversed Driveway to left front of Notlock constructed

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: Wesley Sparks 4/24/94

Improvement Permit by: Andrea Lehman date 3-14-94

Existing System Inspection by: ____ date ____

Installed by: Rowland Contracting

Certificate of Completion by: David R. Johnson LRS date 8-1-94

Operation Permit by: ____ date ____

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