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. ~~17277~~ 17289 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 X 28115

LOCATION north side of cornelius road X west of judas road 4648-09-5043

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 39 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. ~~XXXX~~ 0.3

Septic Tank: 1000 Gallons; STB 825 Date 5/26/94

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 _____

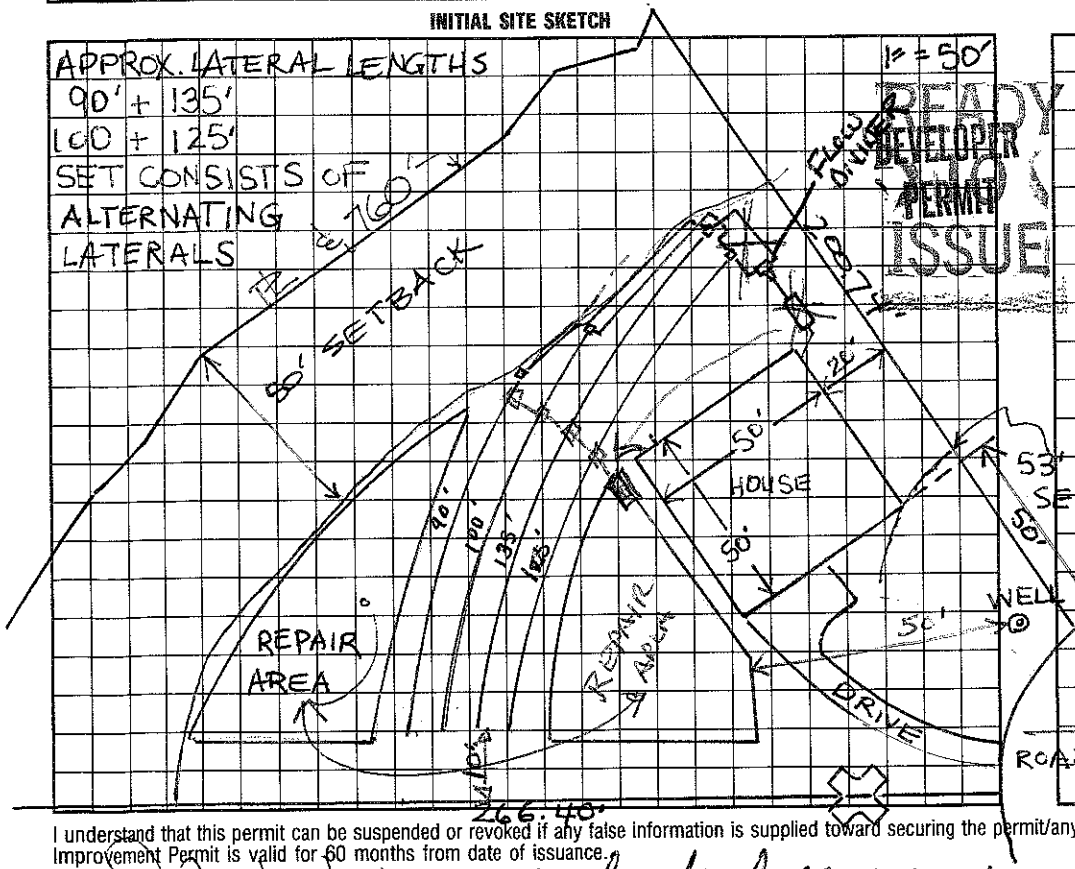
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: do not install during wet soil conditions or raim.
direct downspouts away from nit. field
☒ SEDIMENT BASIN - INSTALL AS CLOSE TO ROAD AS POSSIBLE - USE OF LOT DEPENDS ON MINIMAL DISTURBANCE.

Comments: Septic Tank location changed - Installed as shown.

INITIAL SITE SKETCH



AS BUILT SKETCH

READY FOR PERMIT ISSUE

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 RS. 6-13-94

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

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 9/8/94

Operation Permit by: _____ date _____

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