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. 17291 DATE 3-10-94 TAX MAP NO. 25 A 51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KROM FINANCIAL SERVICES PHONE: Business 664-3671 Home 4648-09-6173

ADDRESS 19 Yacht Cove Mooresville NC 28115

LOCATION north side of cornelius road west of judas road TR Mills Forest TR Overcreek TR Julius 120

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 38 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 825RST Date 6-3-94
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 8 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: gravity conventional
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 w/o plumbing

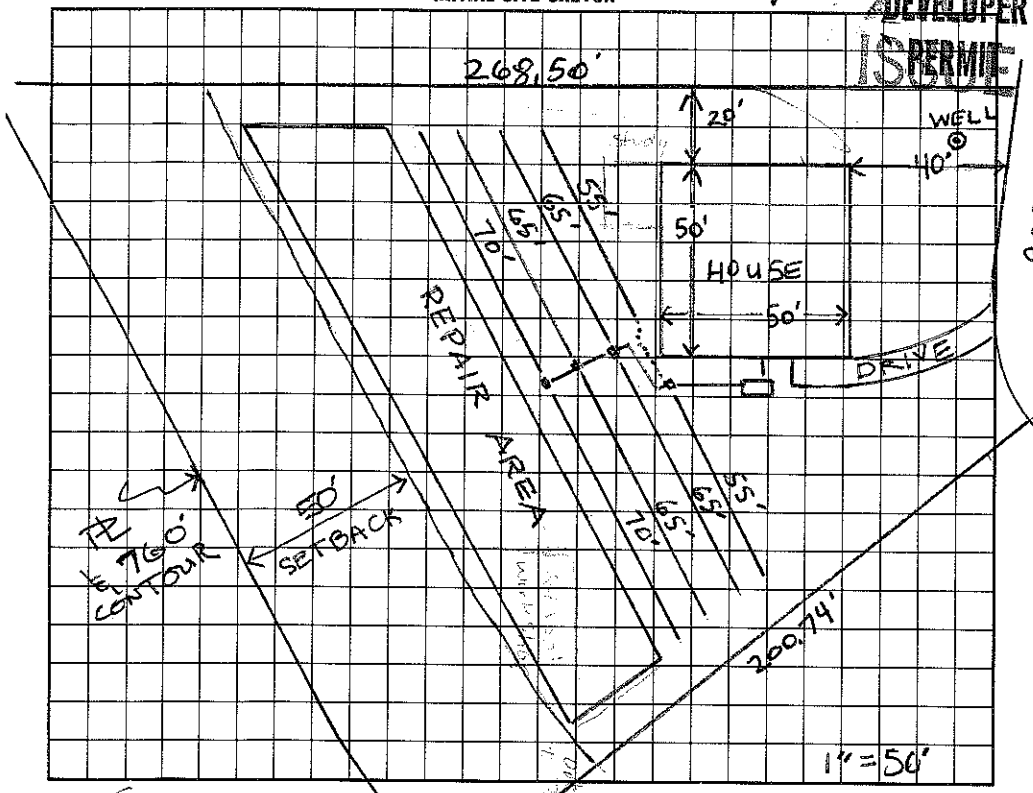
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: do not install during wet soil conditions or rain.
direct downspouts away from nit. field

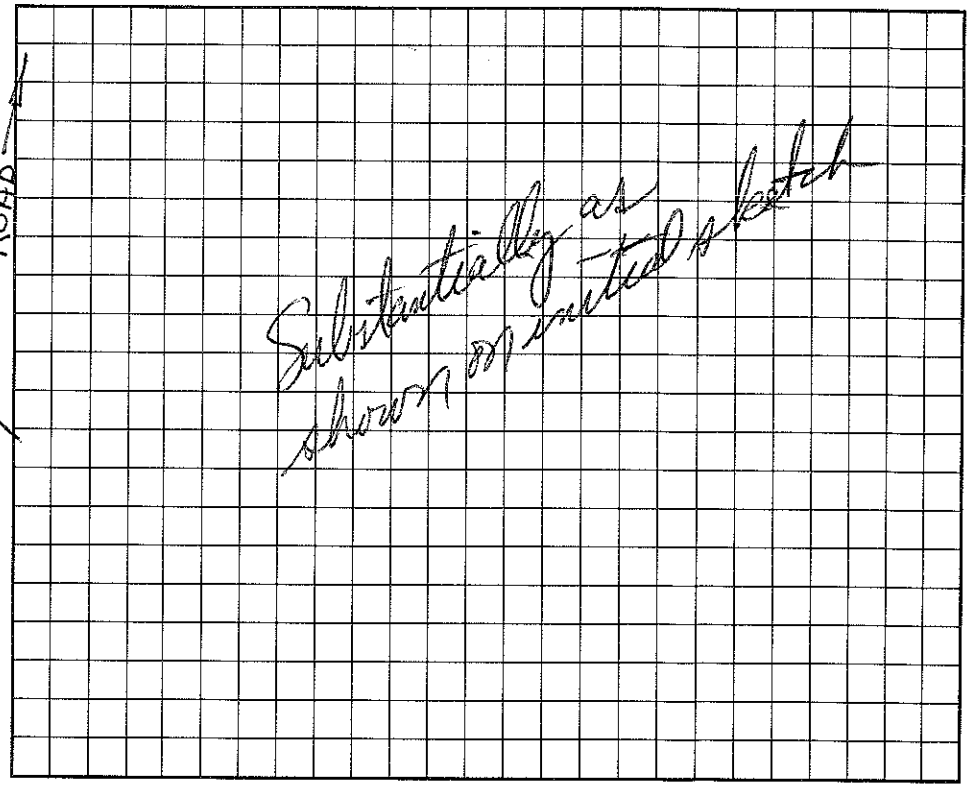
5/24/94 READY DEVELOPER ISSUE PERMIT

Comments: Divert surface water/gutter downs around septic system

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 RS. 5/24/94

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

Existing System Inspection by: ____ date ____

Installed by: Rowan Sanitation

Certificate of Completion by: David Robinson IRS date 8/4/94

Operation Permit by: ____ date ____

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