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. 17297 DATE 3-10-94 TAX MAP NO. 25 A 51 4648 09 6576 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 157 overcreek

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 32 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 825RST Date 5-10-94

Pump Tank: 1600 Gallons; PT 47 RST Date 8-11-94

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 22" Gravel Depth 12"

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

System Description: pump conventional

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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
LATERALS MAY BE CENTER FED OR END FED - 160' ea OR
2 x 80' ea.

Comments: In order to maintain close to specified trench bottom depth d-box set at upper end where ✱. Each ditch has one earth dam 9-22-94 MRT

INITIAL SITE SKETCH

READY FOR DEVELOPER ISSUE

WELL

DRIVE

HOUSE

50'

10'

REPAIR AREA

AS BUILT SKETCH

Step Down

D-box

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:

Improvement Permit by: Andrea Lemon date 3-11-94

Existing System Inspection by: date

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 9/23/94

Operation Permit by: date

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