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. _____ DATE _____ TAX MAP NO. 25 A 51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KROM FINANCIAL SERVICES PHONE: Business 664-3678 Home _____

ADDRESS 19## Yacht Cove Mooresville NC 28115

LOCATION north side of Cornelius road, west of Judas road 4648-19-1867

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 25 LOT AREA 20,000min SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.25 - 0.2

Septic Tank: 1000 Gallons; STB 825 Date 1/30/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1200 Serial No. 4th Avail

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 3 Trench Width 36" Max Trench Bottom Depth 20" 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 wo/plumbing

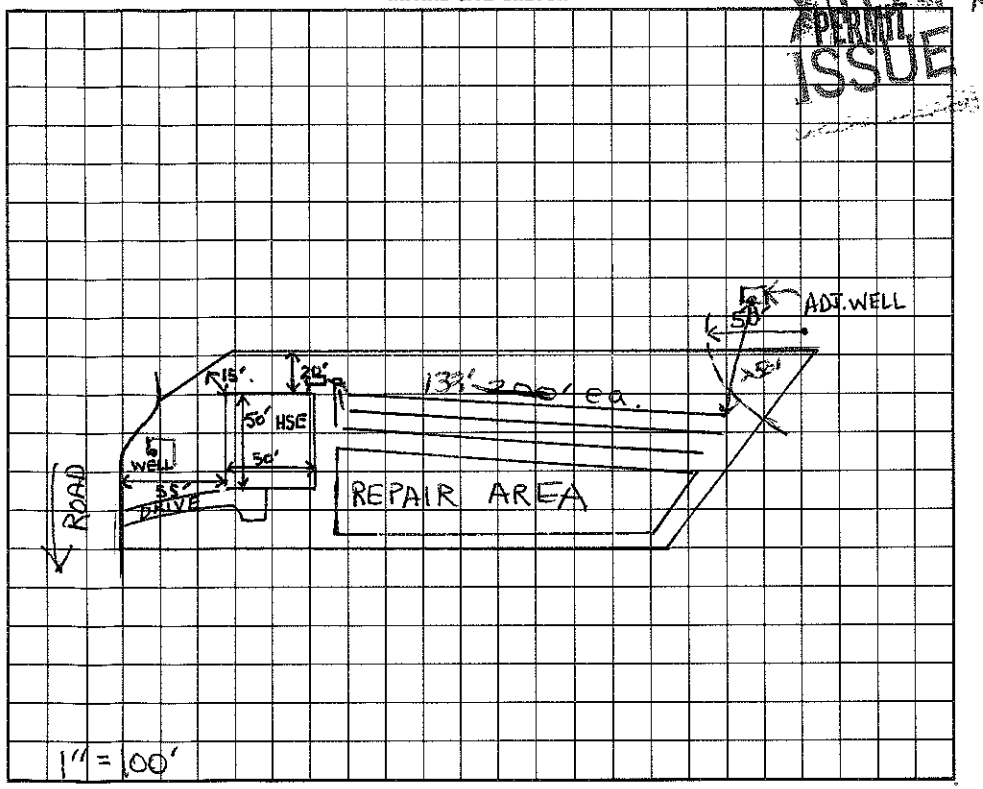
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Do not install during wet soil conditions or rain. LATERALS MAY BE END-FED OR CENTER-FED. ALLOW ROOM BETWEEN TANK AND D.BOX FOR ALTERNATING VALVE TO REPAIR.

Comments: 5/2/95 Authorized change to 3@133'+3' in some areas AWS

READY DEVELOPER PERMIT ISSUE 12/5/94 AWS

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: _____

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

Existing System Inspection by: _____ date _____

Installed by: Rawson Septic Tank

Certificate of Completion by: Wesley Sparks E.S. date 5/3/95

Operation Permit by: _____ date _____

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