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. 17255 DATE 3-9-94 TAX MAP NO. 25-A-51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KROM FINANCIAL SERVICES PHONE: Business 664-3671 Home 4648-19-3135

ADDRESS 19 YACHT COVE MOORESVILLE NC 28115

LOCATION N/S OF CORNELIUS RD WEST OF JUDAS RD

SUBDIVISION MILLS FOREST BLOCK / SECTION II LOT 14 LOT AREA 20,000 MIN SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 0.28

Septic Tank: 1000 Gallons; STB 825 Date 2/24/95

Pump Tank: 1000 Gallons; PT 49 Date 3/18/95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1440 Linear Feet 480

No Lines 6 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 / pres. PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

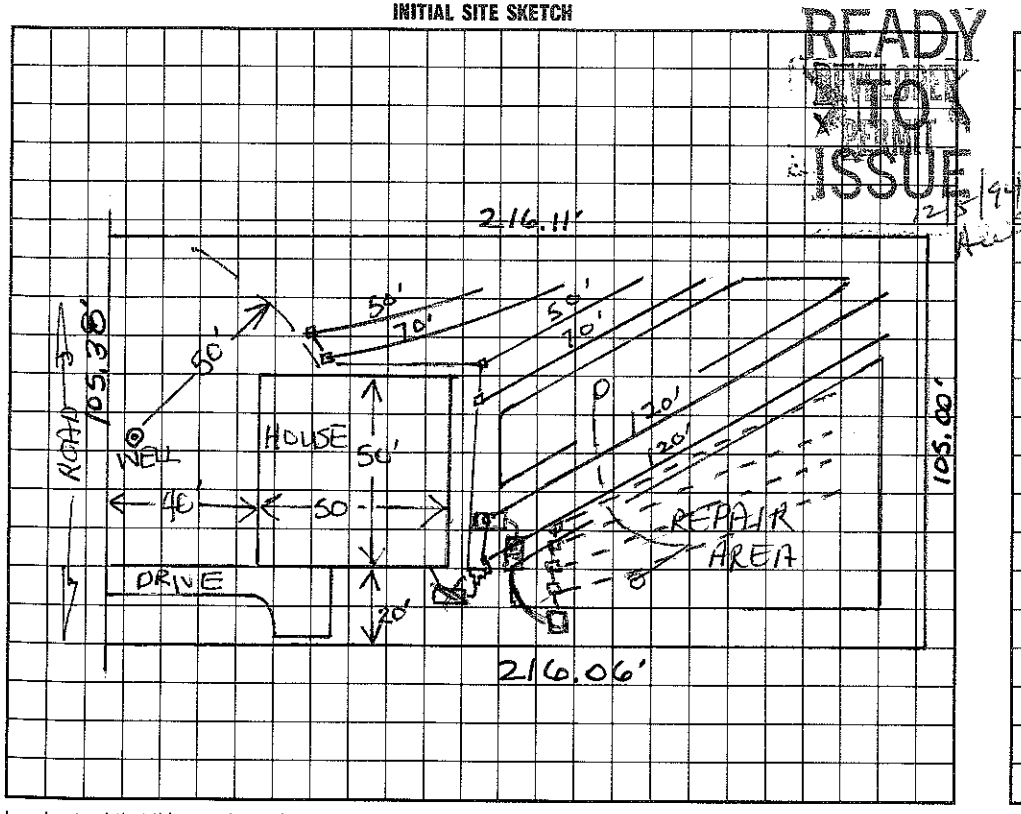
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIRECT DOWNSPOUTS AWAY FROM NIT. FIELD SUBSURFACE INTERCEPT DRAIN NEEDED IF IT CAN BE OUTLETTED.

Comments: 5/31/95 Changed to pump to cover. due to uneven grading around house area.

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 3-9-94

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 6/2/95

Operation Permit by: _____ date _____

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